

VOL. VIII, NO. 6

AUGUST, 1992

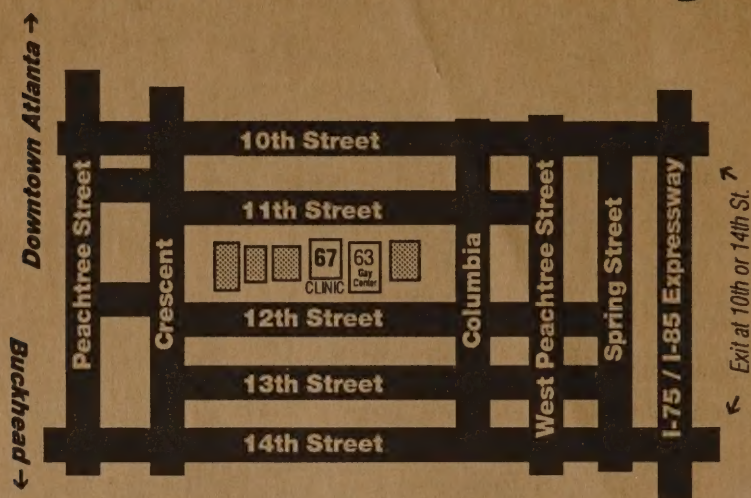
The News

**Things
you
never guessed
about
TRANSSEXUALS**



Atlanta's Oldest Publication for the Lesbian/Gay Community

One of America's most respected HIV/STD Testing Clinics is here in Atlanta to serve you.



Hours
Monday through
Thursday evenings
5:30–9:30 p.m.
(please arrive by 9:00 p.m.)

Services Available

Gonorrhea and Syphilis
Testing Free

Hepatitis B
Testing \$15.00

Anonymous HIV
Testing \$15.00

Staff

- Director
- Admissions Receptionist
- RN
- Certified HIV Antibody
Testing Counselors

The Atlanta Gay Center Clinic specializes in testing and counseling people for HIV, and for syphilis and gonorrhea.

HIV antibody testing is anonymous—no names are used. (Syphilis and gonorrhea testing is confidential.) An integral part of the testing process is counseling, both before and after the fact, to insure that you thoroughly understand the implications of the test for your health—what it means... and what it doesn't mean.

The thousands of people who have visited our Clinic appreciate the considerate personal attention they receive. We know that because the percentage of patients who return to our Clinic for their test results is the highest of any clinic in the United States—about 10% higher than the next best clinic return rate, and about twice as high as that for the state of Georgia as a whole.

Word is out. And our Clinic serves not only gay men from Atlanta as you might expect, but women as well as men, straight people as well as gay; and people from neighboring states that don't allow anonymous HIV testing—even from as far away as Colorado. They don't seek out our clinic for testing alone, which you can get anywhere; but for authoritative and forthright information as well as personal counseling that inspires trust and confidence.

Let the Atlanta Gay Center Clinic help support you in making the decisions that lead to a healthier lifestyle.

67 12th Street
Atlanta, GA 30309
(404) 876-5372
(next door to
Atlanta Gay Center
at 63 12th St.)

Confidentiality

All services of the
Atlanta Gay Center Clinic
are provided on the basis of
strict confidentiality.
For those seeking HIV
screening, complete
anonymity is assured.

THE
**ATLANTA
GAY
CENTER** INC.

INSIDE

Joe Lillich on Backtalk. page 5

Presidential and Catholic politics. Gene Koland looks at the oldest games around.

page 6

Growing up transgendered in the South—one woman's story about the long road to self-realization.

page 8

Transsexualism—the other sexual minority—Bill Gripp interviews the founders of the Montgomery Medical & Psychological Institute about what it means to be transsexual.

page 10

Gay & Lesbian journalists—the National Lesbian and Gay Journalists Association makes history.

Page 20

Roy Griffin departs—Empowerment Workshops on HIV to continue at AGC.

Pages 21

Twin Pillars of the Anti-Sex Movement—Gene Koland on erotophobia.

Pages 22

"In Search of the Elusive Homosexual," part nine in the history of the scientific research into the origins of gayness by Dr. Donald W. Smith.

page 38

Plus loads of Associated Press reports!

Community Resources 23

Community Calendar 24-25

AIDS Services 26

EDITORIALS

Keeping Faith on AIDS

It has been more than a decade since the shadow of AIDS first fell across our community. Since that time, we have undergone the painful process of putting aside our initial denial and establishing community institutions to deal with the crisis that surrounds us. We have suffered the loss of many friends and lovers, so that many of us now turn first to the obituaries when we pick up a daily newspaper. And we keenly feel the loss, not only of those we have loved, but of the spirit of playfulness and innocence that marked the seventies, the first decade of gay rights and the last decade without AIDS.

At long last, others have joined the battle, and we are glad to have their company. For others in our society have also had to put aside denial and to recognize that AIDS is not the concern of other people, but of all people. But their help was long in coming, and there are many in positions of power who would still rather wage war on people with AIDS rather than on AIDS. It is undeniable that the vanguard of those who resist this epidemic always has been, and today remains, the gay and lesbian community.

Much soon may change. But what must not change is our own community's determination to remain in the forefront of this struggle. We cannot break faith with those who have died, with those living today with AIDS, and with those who will need our help tomorrow. If we as a community did so, others who have followed our example might give up as well. Moreover, all our experience has taught us that if we do not take care of ourselves, nobody else outside our community will do it for us.

Naturally, there is more on our agenda than AIDS. AIDS represents what we are against; gay rights indicates what we are for. One day the crisis of AIDS will come to an end. When that day comes, and after the shouts of victory have faded away, we no doubt will discover that the agenda is no shorter than it is today. But first, we have to survive until that day. ▼

Editorials in The News represent the official position of the Atlanta Gay Center, Inc. Other opinions expressed in The News are those of the writers.

VALUES, PURPOSE AND MISSION OF THE ATLANTA GAY CENTER, INC.

The Atlanta Gay Center, Inc. values the right to love, intimacy and friendship as fundamental to personal happiness. The purpose of the Center is to create a public environment conducive to enhancing self-esteem through participation in and the work of the organization. The mission of the Atlanta Gay Center is to provide gays and lesbians and other sexual minorities with direct services, programs and activities which enhance mental health, physical health, social support and equal protection under law; and to foster public awareness of the presence and contributions of gays, lesbians and other sexual minorities.

The News is published by the Atlanta Gay Center, Inc. for the people and organizations that make up the Lesbian/Gay community. The Atlanta Gay Center is incorporated in the state of Georgia as a non-profit, tax exempt corporation for the benefit of the Lesbian/Gay community. As a 501-C(3) corporation, donations to the Atlanta Gay Center are tax deductible, to the extent permitted by law. This newsmagazine reports events and activities which affect our community and encourages discussion of community concerns such as personal liberty and positive Gay/Lesbian lifestyles. Unsolicited contributions are welcomed and encouraged. Letters, manuscripts, drawings, and photographs should be submitted to The News, 63 Twelfth Street, Atlanta, GA 30309. The News does not guarantee publication of any material and all material is subject to editing. Works will not be returned. Opinions expressed by columnists, writers, photographers, or by any other form of artistic expression are solely those of the writers and artists and do not necessarily represent the opinion of The News or of the Atlanta Gay Center, Inc., and neither claim responsibility for them. Publication of the name, photograph, or likeness of any person, organization, or business in advertising or articles of The News, does not imply, and is not to be construed as, any indication of the sexual orientation of the person or organization. The News cannot assume responsibility for claims made by advertisers. The News will not accept paid advertising for public events or organizations which segregate on the basis of race, gender, sexual orientation, religious belief, national origin, physical ability, or age. The News reserves the right to reject any advertisement or unsolicited material for any reason. The News is published ten times per year. Subscriptions are \$25.00 per year, or as part of membership in the Atlanta Gay Center. The mailing list of The News is kept strictly confidential and under no circumstances will it be sold, rented, or made available to any person or organization.

The News is © 1992 by The Atlanta Gay Center, Inc. All rights reserved. Permission is hereby granted to all other avowedly Gay or Lesbian publications which affirm freedom for sexual minorities to publish excerpts from this newspaper, excluding Associated Press news articles, provided proper credit is given to The News, The Atlanta Gay Center, Inc. Others must obtain permission in writing.

Publisher: The Atlanta Gay Center, Inc.

Editorial Policy Committee Chairperson: Michael Wilson

Editorial Policy Committee members:

Rick Ergle, Bill Gripp, Frank Rogers, Donald W. Smith,

Managing Editor: Joe Lillich

News Editor: Frank Rogers

Science Editor: Dr. Donald W. Smith, Ph.D.

Production: Oscar, Harvey, Chuck Junkins, Jean Levine, David Storch, Heinz West

Contributors: The Baroness, J.A. Braswell, Bill Gripp, John Jordan, Gene Koland, Jean Levine, Mike Malloy, Jay Marshall, Mike McCulley, Michael Mungin, M.J. Pleasant, Vera Rivera, Frank Rogers, Sandra Sparks, Ben Thayer, Tom Weathers

Cartoons: Dorothy

Photography: Foster Corbin, Brian Cowell, Michael Wilson

Advertising and Circulation: 876-5372

national coverage
with

Associated
Press
Reports

THE
ATLANTA
GAY & LESBIAN
CENTER, INC.

63 12th St.,
Atlanta, GA 30309
Offices
(404) 876-5372
Helpline
892-0661

Heterosexual nightmare #5



LETTERS

Mr. Jack Pelham
Editor, Etc. Magazine

Dear Mr. Pelham:

For the past few weeks I have been reading in your LETTERS section submissions from people regarding the HIV/STD Testing Center at the Atlanta Gay Center. In your current issue, Vol. 8, No. 27, the letter from "Name Withheld by Request" prompted me to write.

The first time I took an HIV antibody test was in September 1988. It had taken me two years to get to the point where I actually believed I could live with the results of the test. With great trepidation, I climbed the steps at 63 Twelfth St. to take THE TEST.

After taking a number, I waited about fifteen minutes before seeing a pre-test counselor. The Counselor sensed my distress and spoke with me at length to ease my fears. After counseling, I was taken to a room to have the blood drawn. The nurse who drew the blood also could tell I was very nervous and went out of his way to help me through my fear.

Two weeks later I called the Center to see if my results were back, and they told me to come on in. The fear I felt on the previous visit was nothing compared to the terror I was now experiencing. After giving the counselor my number, we sat and talked for a few minutes, again, to help ease my fears and nervousness. He then went out to the lab sheets to check my results.

When he came back and gave me the results, I immediately stood up and prepared to leave. He informed me that post-test counseling was part of the whole process and asked me to sit down and talk with him. I piously informed him that I was also a state certified testing counselor and had no need of the post-test counseling. He then lightly touched my arm and said that he had trained very hard to be a counselor, and would I just sit for a few more minutes and let him do his job. Somewhat embarrassed by my attitude, I did and ended up talking with him for almost an hour. An hour well spent, I might add.

Since that time, I have gotten tested several times at the Center. I believe I have probably talked with every VOLUNTEER counselor they

commentary

Backtalk after "Backtalk"

by Joe Lillich

I appeared recently on the Channel 11 talk program called "Backtalk." Considering the fact that it is cohosted by Ron Sailor and Neil Boortz, I am surely not what could be called a fan. Neil was off that day. But the chance to appear on a program with Nancy Schaefer was just too appealing for me to resist.

I learned many things from this brush with live television.

The most important fact I have to report is that the hair that woman sports is not a cruel special effect foisted upon her by a camera. It's real. She really *does* look like that.

I also learned to respect those people who appear on live television shows. I did not get a seat with Miss Nancy and her cohorts on the pretty couch. I was consigned to another studio. Just like any viewer, I got to see the enemy. But I wasn't close enough to strike. It's kind of like a bell jar. They hooked me up to a microphone and a power pack. Then they hooked me up to an earpiece and another power pack. The funny part is that the more they connected me to things, the more disconnected I got.

It was hard to keep my attention on the fact that I was here to defend the rights and dignity of lesbians and gay men. That's right. I stood for dignity. Compared to Miss Nancy and friends, I was dignified.

Miss Nancy had quite a back up group. There was an older woman with a corsage and a pronunciation of the word "effeminate" that even Norm Crosby would not have attempted. She reminded me of one of those creatures who always gets behind me in a K-Mart check out lane and sweetly asks if I have been saved.

However, nothing could top the preacherman sitting between these two women. He got all worked up and started hissing stuff about demon possession. I felt just like Linda Blair. The poor man made an utter fool of himself and I had to chuckle. I had spoken to him before the show, and he was pleasant enough except for the part when he started to talk about what it was like in Nam. That kind of talk makes my eyes glassy, so maybe I looked a little like Linda and inspired him.

Everyone I know has something that they always wanted to say to Miss Nancy. I know I did. But under the hot lights, it isn't always so easy.

What did I say?

I said that I found these people discussing my sex life offensive. I had no idea why they found my bedroom activities so interesting. I had no interest whatsoever in their sex lives. In fact, I pointed out that I found the thought of Nancy Schaefer's sexual life rather frightening. I really said it.

But I forgot to talk about her hair. ▼

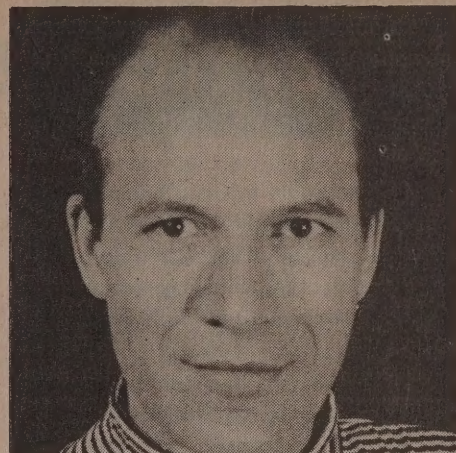


photo by Gregory Foskey

AGC Administrator Joe Lillich

(Continued from page 4.)

have and have never had an experience remotely resembling the ones described by those who have written in.

I felt it imperative to write of my experiences so that others who have been reading these letters would not be totally discouraged from testing when they believe it is necessary.

Also I often question the accuracy of reporting and the motives behind the individuals who sign letters "Name Withheld by Request." I personally believe that if you have the conviction to say something, then you should have the courage to own it.

Sincerely,

Dennis M. Davis

[Mr. Davis has a long history of addressing the needs of People With AIDS, both in a professional capacity and as a volunteer, with such local AIDS-related agencies as Jerusalem House, and currently NAPWA.

Unfortunately, Etc. chose to keep Mr. Davis' letter from their readers; it never appeared, as of August, in their publication. The News is disappointed by what seems to be a deliberate act of censorship, but we are not surprised, as Etc. has, since at least 1986, consistently attempted to damage the good name of the Center and its many fine volunteers in any and every way possible. As an entertainment publication—and not a news journal—whose business revenues remain inextricably tied to thinly-veiled prostitution ads and the celebration of one of our community's worst problems, alcohol abuse, Etc. has both the need and the opportunity for much self-reflection. We hope our community's genuine welfare might one day become as important to them as promoting lip-synce entertainment, underwear parties, and astrology. Perhaps they may even one day recognize the value of supporting a community institution, such as the Atlanta Gay Center, which provides a wide range of real services to more than 20,000 people each year.

We find it sadly typical that Etc. would so freely print anonymous letters which are replete with unsubstantiated criticisms of Center services and yet withhold letters from persons who actually exist and have the courage to sign their name—letters which refute their anti-Center campaign.

The Center's clinic services are a nationally awarded program with the highest return-for-results rates in the entire U.S. The fine work of our clinic staff, most of whom are volunteers, would hardly require accreditation or approval from a publication whose reportage on the Center is so historically and demonstrably malicious. —Ed.]



AIDS Hotline for Women

888-9991

operating 5:30–9:30 p.m. Monday through Friday
10:00 a.m. to 2:00 p.m. Saturdays,
providing education, information and referrals
focusing on the special needs of women affected by AIDS.

A service of the Feminist Women's Health Center, funded in part by a grant from the Atlanta AIDS Fund of the Metropolitan Atlanta Community Foundation

POLITICS

Presidential Politics

Commentary by Gene Koland

Sometime during the third week of July, the presidential campaign of Bill Clinton ceased to be merely the effort of an ambitious governor to win himself a promotion, and took on the attributes of a holy crusade.

It's hard to say exactly when the metamorphosis took place, but by week's end Clinton seemed far from his primary-season difficulties. Nothing like this happened to Mike Dukakis here in Atlanta in 1988, and it's certain that no tongues of flame descended from the San Francisco skies upon Walter Mondale in 1984. Even the comparative love feast that nominated Jimmy Carter, coincidentally in the same Madison Square Garden sixteen long years ago lack the emotional impact of Bill Clinton's convention in 1992.

It now seems clear that neither Dukakis nor Mondale was The One, but it seems possible that Clinton just may be. It is the mood of America in 1992 that makes possible for Clinton what was out of the question for the last two nominees.

America's Anxiety

Mostly, that mood is fearful and pessimistic. There is a consensus that America is in sharp decline, and general agreement that twelve years of Reagan and Bush have transformed what began as fairly manageable problems into a dispiriting confluence of crises like nothing since the Great

Depression. Like someone awakening with a hangover, we now realize that we marched off a precipice following a genial president whose main selling point was denial. While it could be plausibly sustained, America continued to believe that everything was okay. But George Bush was unable to maintain the spell, and eventually all the bills came due in any case.

For all the talk about values, Bush clearly has none except personal ambition. He projects no strong feelings or sense of commitment at all. He told us to read his lips, and then his hips, and then raised taxes after all. He mobilized us in righteous anger against a new Hitler in the person of Saddam Hussein; then pulled out with the Iraqi tyrant still in power as soon as his oil buddies in Kuwait were back in their palaces. Then he humiliated us with his pitiful weakness in Tokyo and his carping, intransigent behavior at the Rio Summit, alternately puking and mewling like a peevish two-year-old.

But even if Bush's administration had been as competent as voters expected from his oh-so-impressive resumé, the Reagan-Bush revolution always contained the seeds of its own destruction. They told us for twelve years that Washington is always the enemy, yet now we are expected to make an exception for George Bush. They told us that government always makes problems worse

rather than better, yet now we are supposed to believe Bush can somehow act to reverse our national decline. Year after year they continued to blame all their problems on Jimmy Carter, but Reagan and Bush have governed three times longer than Carter was president, as long as FDR. After running things for three terms, claims of being an outsider become a bit silly.

Something to Believe In

But there is another aspect to America's mood. People know we are better than what they look around themselves and see in George Bush's America. It would be different if we were declining because had turned lazy, but we're working harder than ever and getting less in return. There is a strong sense that things don't have to be like this. People want to believe again, to feel like they are not simply members of some class or race or category, but Americans of the sort who settled the wilderness and faced down war and depression, while widening the boundaries of liberty.

The first candidate to tap into this mood was H. Ross Perot. He made change seem possible even when the undifferentiated Democratic field of candidates seemed like more of the same. When Perot first appeared on the nation's political radar, he had the image (perhaps undeserved) of a "thinking voter's candidate," probably because a lot of people confuse an *unusual* choice

Catholic faith and Vatican political intrigue:

Commentary by Gene Koland

The Roman Catholic Church is said to be the oldest institution in the world. Not surprisingly, the Church see itself as eternal and immutable, but even the most casual reading of history demonstrates that Roman Church politics changes with the times. While the Church would no doubt maintain that its faith is eternal, many of its practices and policies look like mere whims when viewed against eternity.

To put it bluntly, some of what the Roman Catholic Church does is nothing more than the politics of its current ruling faction, headed by a prelate from Poland, which has the most reactionary Catholic hierarchy anywhere with the

possible exception of Ireland. An example is the secret declaration by Rome that church influence should be brought to bear to ensure that gays and lesbians, whether Catholic or non-Catholic (and whether in "Catholic countries" or not) are deprived of the human rights to which it admits all other human beings are entitled.

The secret letter takes its place alongside a previous declaration that homosexuality is an "objective disorder," which means that because homosexually-oriented individuals cannot help themselves, they must resign themselves to a life completely without love as a punishment for being inherently evil.

Remembering that time Pope John Paul II

got bad press for expressing his vaguely disapproving sympathy for gay bashers, this letter said that making gays a pariah class without human rights of course did not mean Catholics should engage in hate crimes. Which is like saying that abortion is of course "murder," but avoiding the political consequences by saying that of course these "murderers" should not be punished.

This secretive call for a program of persecution for all the world's gays cannot be read as some obscure theological musing of no interest to the world at large. If it's successful, you are the intended victim. This letter is a conspiracy to induce governments to use police power to harm individuals over whom the Church has no power.

Changes... One More Time

with one requiring deep thought. But at long last, the novelty of a Perot candidacy wore off, apparently sooner for Perot himself than for many of his supporters. A mere taste of the unfavorable coverage that other candidates have endured all year long seems to have been enough to return Perot to the private sector. But whether one regards Perot himself as a hero or a quitter, the Texas billionaire helped us believe we could change things if that was what we wanted.

When it became obvious that Perot was not the answer he once seemed to be on *Larry King Live*, people listened to see if perhaps Bill Clinton might offer some hope. Since most of what they had heard about Bill Clinton previously had been his "questionable" character rather than his considerable fluency with issues, this "new" Bill Clinton was as much a novelty as the early Ross Perot. The difference was that this time, the real Clinton could break past the gatekeepers and interact with the people themselves.

Still, the Democrats could have blown it; they've had practice. But this 1992 convention was a masterpiece of planning and execution—not machine-like, but more like an ideal medium in which positive things could happen.

It remained for Clinton to demonstrate the leadership to take advantage of that medium, and he did.

Appeasement vs. Inclusion

The best example of his potential for leadership is the way Clinton chose to unite the Democratic Party. For the past two elections, nominees and party leaders have viewed the party as the sum of its groups—which could only be appeased by meeting their demands. The process inevitably led to bidding wars among groups for a bigger place in the sun, and quickly spent the candidate's credibility. The GOP has easily attacked all this as "special interest politics" divorced from the concerns of other Americans.

Recall the 1988 convention, when cameras chased Michael Dukakis around Atlanta as he tried to placate Jesse Jackson, fueling the perception that Dukakis was frightened of Jackson and eventually caved in to him. This year, Clinton demonstrated his independence of Jackson, but after he had done so, offered him a respectable place at the table. The difference between appeasement and reconciliation may seem subtle, but it is the difference between the confident leadership that wins elections and governs successfully and the failed politics that pleases nobody. And people hungering and thirsting for leadership can instinctively tell the difference.

Including Gays and Lesbians

After years spent chasing crumbs under the tables of politicians, gay and lesbian voters can-

not fail to take hope from the 1922 Democratic National Convention.

Gays and lesbians didn't just get an occasional, grudging mention as in past years. The 1984 convention in San Francisco may have had lots of highly conspicuous gays around, but the Democrats that year clearly found their presence embarrassing, and Republicans gleefully ridiculed those "San Francisco Democrats" from the land of fruits and nuts. There were gay delegates at the 1988 convention in Atlanta, but what most people remember was the demonstrators outside, twitting a party that seemed willing to accept gay votes but feared visuals like the ones out of San Francisco.

This year, gay rights was constantly invoked, by speaker after speaker, up to and including Clinton in his acceptance speech. The red ribbons of concern about AIDS were everywhere. Rainbow flags and gay rights slogans were no novelty, they were commonplace. The real triumph in all this gay visibility is not whatever courage it might have required; it was the ease and naturalness with which it all took place once it became evident the sky would not fall. In other words, the Coming Out at the 1992 Democratic National Convention proved no different from the coming out of individuals; it is an act of liberation not only for those who do it but for all who witness it.

For those seeking sympathetic role models, consider the gentle eloquence of Bob Hattoy, the HIV positive gay man who advises Clinton on environmental issues. This, and so much else, was admittedly "for show." Assuredly, it was done for "political reasons." But it would take a thoroughgoing cynic not to appreciate the show and the politics, both of which are the business of a late 20th Century political convention anyway. The gesture seems especially courageous in view of a recent report by *Time* magazine, to the effect that since Bush is fearful of running a racist campaign like he did in 1988, he plans to make gays and lesbians the Willie Hortons of 1992.

Nevertheless, the Democratic Party has moved from a shaky coalition toward an alliance that draws strength and richness from the diversity that, as our national motto *E PLURIBUS UNUM* indicates, is central to the mystery and genius of America. *Out of Many, ONE.* ▼

two different things... right?

Such meddling in civil life is hardly new:

- Innocent III (13th century) ordered England not to observe Magna Charta, which allowed nobles to share a little of the power of the king, and implied that subjects had rights.
- Gregory XIV (18th century) condemned freedom of opinion and freedom of speech.
- Leo XIII (19th century) forbade Catholics to tolerate religions other than their own.
- Pius IX favored forcing the unwilling observe the Roman Catholic religion, and declared that all civil governments were required to carry out his orders as the Vicar of Christ.
- Pius XI said he admired the atheist dictator Mussolini because *at least* he wasn't a liberal.

All these political positions are thought to have changed with the times. (Will the Church say that they have *not* changed?) The current Vatican political line, which holds gays in roughly the same esteem as Hitler did Jews, has not always been the Church's policy. One day it will pass away, along with other old political baggage like the burning of heretics and the divine right of kings. In the meantime, this outrageous piece of political conspiracy deserves to be condemned in the harshest possible terms. When we do so, we can be completely confident that it has nothing to do with the enduring faith of Roman Catholic believers, only with the warped politics of the party currently in power at the Vatican. ▼

by the girl who has a name

Despite its prejudices, the Old South always had a toleration for—or even love of—the unusual. Until the 1960s, when the proliferation of strip malls, supermarkets, limited access highways, and other triflings of post-modern American corporate culture replaced Mom-and-Pop groceries with supermarkets and killed down-towns as viable areas for shopping, most Southern towns had one or more “quare” characters—men and women out of touch with the rest of society—male and female Delta Dawns who would wander around, doing whatever it was that they did so well. But they, wearing their faded roses of days gone by, were only the outmost stratum of the onion. Peel back a layer, and you would find “queers” of another sort. Labeled and stigmatized as they might be, they were part and parcel of the social fabric—women who lived together in something that was not quite sisterhood, men who could always be visited at midnight by a carload of teenaged boys with hard-ons and too much Carling Black Label in their bellies, women who dressed like men and didn’t give a damn, and, most curiously of all, men who would dress up as women.

By the time of the British Invasion in 1963, such people were already receding into legend, at least in my part of the South. I remember hearing about someone called Martin Smith, who would (horrors!) pass himself off as a woman. The story, oft-repeated and never verified, was that a sergeant from the nearby air base had been very much in love with him and married him, only to have a rude awakening on their wedding night. I never got to meet Martin, more’s the pity. He was before my time, and the educational system was allowing no more like him. The high schools of the period, which were usually principled by ineffectual bald-headed fat white men, invariably had coaches with yellow flat-tops who doubled as assistant principals, enforcing their McCarthyist ideas with a surfeit of physical discipline and Cold War scare tactics. Gender variation was not only not allowed—it was unthinkable. Girls all wore skirts, and boys were sent home for not wearing socks or for wearing (the big thing in my senior year) madras pants. As the Fab Four, with their scandalously long hair, yeah-yeah-yeahed on television for Ed “Really Big Shew” Sullivan, the boys of the South watched on black-and-white sets, their hair cut burr-short at the back and sides.

And there was I, in the midst of all this Southern culture-in-flux, an iron filing in the electromagnetic field of life, with a very strong

So you think being growing up transgendered

magnet only yards away, in my mother’s room. When she was away, I would go through her lingerie drawer, silently memorizing the position of each guiltily borrowed garment so that I could fit it back in place like a piece from a nylon jigsaw puzzle. I had no idea why I, a boy of the highest ideals and purest character, a boy who had always been strong of heart and unlined of brow, suddenly found myself drawn so powerfully to women’s apparel, but I did know that I was possessed of something far stronger than I. A sleeping demon had somehow awakened in me, and it would have its way; to resist was madness. I considered very briefly trying to fight it, but I knew in my heart that it would destroy me if I

didn’t give in, and so I did. I must have struggled with myself all of fifteen minutes before making this life-course-altering decision.

I would slip on panties, tug into a girdle that was already too small, pull on nylons, fastening them, in those pre-panty hose days, to the girdle’s dangling rubber thongs, struggle to snap a bra (the mechanics of which I did not understand), cover it all with a slip. And then madness—I slipped on a dress, and pulled on a kerchief, and all was lost.

You see, unlike crossdressers, who are fetishistically attracted by the apparel itself, I very quickly discovered that women’s clothing was but a means to an end: It was necessary in order

Transsexualism—

submitted by AEGIS

The number of transsexual men and women in the United States is not known, but it has been estimated that more than 10,000 American men and women have had genital reassignment surgery. If we accept the common estimate that fewer than one in ten who want this surgery actually get it, then the incidence of transsexualism may be as high as one in 3,000. Certainly, transsexualism can no longer be considered rare. Most Americans have seen and interacted with at least one transsexual person, whether they know it or not, and most physical and mental health professionals will have transsexual clients at various points during their careers.

Transsexualism is the extreme form of gender dysphoria, or unhappiness with the gender to which one is assigned at birth. Those without a consistent, driving need to change their gender may suffer from Gender Identity Disorder of Childhood or Adulthood, Nontranssexual Type (GIDAANT), or other diagnosable disorders. Such persons may be transgendered, but they are not transsexual. Transsexual males desperately want to change their physical characteristics and social roles to those of women, and transsexual females want to change their physical characteristics and social roles to those of men. This

is accomplished through hormonal therapy, electrolysis, for males, and, for the select few, by gender reassignment.

Those who wish to have gender reassignment and those who provide services for them should follow the *Standards of Care* of the Harry Benjamin International Gender Dysphoria Association, Inc. (HBIGDA), an organization comprised of physicians, psychologists, and others who provide professional services to transgendered persons. The *Standards of Care* define clear guidelines for treatment.

The first step involves consultation with a mental health professional. If a diagnosis of transsexualism is made, and the individual wishes to begin gender reassignment, a referral is made to an endocrinologist, who will prescribe a regimen of counter-sex hormones. Over a period of many months, these hormones will cause the development of many of the secondary sex characteristics of the other sex. In males, estrogens and progesterone will cause development of breast tissue, reduction of body hair, softening of the skin, and the deposition of subcutaneous fat, resulting in a more feminine shape. Male pattern baldness will be stopped, but not reversed. Contrary to what many people think, facial

gay was difficult? in the South

to build the disguise of myself-as-a-woman. I remember well the day the gas gauge of my gender identity leapt for the first time out of the "M" zone and strayed defiantly into the "F." I was perhaps fifteen. The rest of the family had gone on a ride, and I had begged off; the excuse is long forgotten. I was sitting on the floor of the living room, wearing a purple dress (I had my own by that time), experimenting with my face. And for the first time, I got it right. Looking in the mirror, with my mandatory burr-short-on-the-sides haircut, I would ordinarily see a boy, and only a boy. In that dress, with Cover Girl skin and Maybelline eyes, my hair blended in a fall, I saw a very pretty, an almost beautiful girl. I didn't—and this is

important—see a boy dressed as a girl. I saw a girl. I remember thinking, "This is who I want to be. This is who I probably should have been." But I also remember thinking that it couldn't be. It wasn't possible. I was looking at a fiction, a fabrication, a creature created out of cosmetics and clothe. The girl in the mirror was a fantasy, and I could see no way to make her a reality. She had no name. In the end, she wound up in a paper sack which I hid under a loose board in the summer-hot attic.

There are few secrets in a small house with six people living in it, and the girl-with-no-name was soon discovered. In no uncertain terms, I was
(Continued on page 18.)

an overview

hair will not fall out (although its rate of growth may slow), and the voice will not raise in pitch. In females, androgens will result in the growth of beard and body hair, deepening of the voice, and hypertrophy (enlargement) of the clitoris. Both sexes, with sufficient time on hormones, will become sterile.

At some point, transsexual people will enter what is called "real-life test," in which they must function to the satisfaction of their therapist in their preferred gender role. Only after a year or more of real-life test should gender reassignment surgery be considered. Other cosmetic procedures such as breast reduction and hysterectomy for females and breast augmentation and facial plastic surgery for males may be appropriate during the real-life test.

Because of their need for psychological care and medical treatment, and because of the extreme mental anguish which their condition causes, transsexual men and women find themselves in continuing and often desperate need of sympathetic service providers. Unfortunately, those who are specially trained to deliver those services are rare. Most "experts" in gender dysphoria have learned by flying by the seat of their pants. Even those who have sought special training have had to learn on the job, for the study of gender dysphoria is a relatively new

science and has evolved dramatically as the nature and needs of transgendered people have become better understood.

Sources for information and referrals exist but can be difficult to locate. Because of problems in finding services, a "gender community" has developed, in which support groups, newsletters, computer bulletin boards, and advocacy organizations proliferate. This community consists not only of transsexual persons, but of crossdressers (men who enjoy dressing as women and women who enjoy dressing as men) and an increasing number who refuse to fit into the traditional gender pigeonholes. These people, who call themselves transgenderists, are continually redefining the frontiers of gender.

In some states, there are no organized programs or support groups for transsexual persons, although individual psychologists, counselors and physicians are sympathetic to their plight and treat them on an individual basis. There are, however, support groups for heterosexual crossdressers in many larger cities, and there are several organizations in Atlanta. There are also national resources: clearinghouses, publishers, and advocacy organizations. ▼

Resources for the transsexual, their family members and friends

Nationally

Harry Benjamin International Gender Dysphoria Association, Inc. (HBIGDA)
1515 El Camino Real
Palo Alto, CA 94306
(415) 326-4645
(Publishes *Standards of Care* and provides referrals.)

International Foundation for Gender Education (IFGE)
P.O. Box 367
Wayland, MA 01778
(617) 899-2212
(Publishes *TV-TS Tapestry* and other materials, information and referrals.)

In the metropolitan Atlanta area:

American Educational Gender Information Service, Inc. (AEGIS)
P.O. Box 33724
Decatur, GA 30033
(404) 939-0244
(Publishes *Chrysalis Quarterly*, information, public education and referrals.)

Atlanta Gender Explorations
(404) 642-9652
(Gender support group for transsexuals, crossdressers and transgenderists.)

Montgomery Medical & Psychological Institute, Inc.
P.O. Box 33311
Decatur, GA 30033
(404) 603-9426
(Transsexual support group, information, public education and professional referrals.)

Transsexuals:

The Montgomery Medical & Psychological Institute, founded by Jerry and Lynn Montgomery, has long served the needs of transsexual persons throughout the metropolitan Atlanta area. In more recent years, their pioneering work on the behalf of transsexuals has extended its reach throughout the Southeast and nationally as well. Their patience, staying power, and down right dogged determination have resulted over the years in a growing public awareness of transsexualism, even in the face of an oftentimes less than enthusiastic public who would just as soon not hear their important message. There are many hundreds of individuals who have received, first-hand, the heart-felt caring and support the Montgomerys have so freely given during their decade plus of civic service.

The Montgomerys are known by many to be pioneers, charting the terrain of that least understood sexual minority, the transsexual, and providing to her or him the benefit of their many years of experience. Their strong sense of professionalism and consumer advocacy work have enabled countless individuals to find themselves, and in so doing, discover that they are not alone in their struggle toward self-realization.

The struggles which gays and lesbians have historically endured in our society find much common ground with the transsexual's own experience, and in that spirit, The News felt it important to revisit this subject.

by Bill Gripp

The News: Could you tell me just a little bit about where the idea for the Montgomery Institute came from? Where did that start?

Lynn Montgomery: Well, actually the reason we started it—I had done some counseling. I was a psychotherapist at one of the local mental health centers. I had done some counseling with some gays and also some transsexual couples, and at that time, there was a program down at Georgia Mental Health Institute, a gender-identification program.

The problem was, because of lack of funding, they ended up closing the program. We thought somebody would pick it up. However, they did not. Several years later, we were concerned because we felt people were coming to the Atlanta area looking for services, and there were none.

The News: And this was what year?

Lynn Montgomery: 1982—'83.

Jerry Montgomery: Yes. 1983. Yes. Lynn had done some counseling. Through some other friends of ours, we met several transsexuals who

we had sort of been informally counseling starting around 1979. So really it began about '79. It formally began in about '83, and we subsequently incorporated when we discovered it was going to get a little more extensive than the 12 people in a support group that we had originally envisioned.

We started out thinking that we could advertise in *Creative Loafing* with a little ad, and in a year's time, we'd probably collect 12. Well, in three months' time, we had 40, and it just has moved forward ever since.

The News: So the expectations that you had about the number of people needing services and coming here for them were actually underestimated?

Jerry Montgomery: Oh, yes. It was far more than we'd expected.

The News: Before you started this, had you been aware of people who were transsexual? I remember when I first met you years ago, you told me a couple of tragic stories that had particularly moved you.

Lynn Montgomery: I had a friend who was also a nurse. I'm a nurse. My friend was a nurse and

was also a female-to-male transsexual, and really, that's where I learned about it. This person has since died. He had a congenital heart condition and so was never able to get the surgery he wanted. But he was willing to put his life on the line so that he could die as the person he wanted to be.

Jerry Montgomery: He actually went into hospital, and they wouldn't operate on him. The anesthesiologist said that it was probable that he wouldn't wake up from the surgery, but he said that he would rather take that chance of possibly dying and at least die as a male rather than not have the surgery. Still, they wouldn't do it.

Lynn Montgomery: This person actually was responsible for introducing Jerry and me. He was a mutual friend of ours.

The News: Well, you've clearly been quite a team ever since. You've built the Montgomery Institute into something that's unique—certainly unique in the Southeast.

Lynn Montgomery: Yes.

Jerry Montgomery: For a long time, it was the only thing in the Southeast. There was one gender clinic down in Jacksonville, Florida, but they functioned only as a clinic, not as involved support. And there was more recently a gender clinic in Norfolk, Virginia, but again, that's strictly a clinic.

We started out thinking that we'd just be dealing with local Atlanta people, but then we discovered that Atlanta was a mecca for transsexuals. They assumed that since Atlanta was the biggest city in the Southeast, it must have services, and when they started pouring in, there were no services.

So with Lynn's background in both medical nursing and therapy, we were able to find some doctors who had some experience with transsexualism in other cities. We were able to start putting together a core group of professionals who could handle the problems that people needed help on.

The News: You started out with a support group, didn't you?

Jerry Montgomery: Yes.

The News: And then you expanded?

the other sexual minority

Jerry Montgomery: Yes.

The News: Could you give us an idea of what range of services are provided through the Montgomery Medical & Psychological Institute, and what your focus is at the present time?

Jerry Montgomery: Right now, it's essentially full case management. We have a support group which meets monthly, and we have either a rap

Jerry Montgomery: Yes. The support group over time kind of grew. Everything else, all the other services we offer, kind of grew out of that, because the support groups led to the need for the professionals. We went out looking for those knowledgeable professionals, and we now have some 80 professionals in the State of Georgia who treat transsexuals and have experience in it. We have developed a referral service to connect our clients with those professionals, and now, we get calls from every state in the nation—sometimes from other countries. We've had letters from South Africa, Australia, Germany and from Russia. In fact, just this past week, we got a letter from someone in Russia who wants us to tell him how to start a support group.

Lynn Montgomery: We had someone in Australia who wanted to know about starting services in China, because knowledge on this subject is so limited. Their information over there is so limited.

The News: So in many ways, while you're now providing the services that you've traditionally provided, you're also trying to help people in other parts of the country so they will not have to re-invent the wheel?

Lynn Montgomery: Right.

Jerry Montgomery: We collect referrals. Other people in other parts of the country tell us about people they have gone to who have been helpful, and we add them to our list. We now have over 500 names on our list of people across the country who are experienced in working with transsexuals.

The News: When you were talking a minute ago about why so many transsexuals came to Atlanta, in the first place, I was struck by the parallel with gay people coming to Atlanta for the same reason.

Jerry Montgomery: Absolutely.

The News: I'm wondering what the response was that you found in the gay community or other sexual minority communities when you first began your services, and how that response has changed over the years, if it has?

Jerry Montgomery: Well, actually, in terms of our direct contact, we started out getting in touch

with the Atlanta Gay Center and the AGC helpline. They have been most helpful—I was going to say at some point, we really appreciate all the things that the Gay Center and Helpline have done for us. I can't count how many referrals we've gotten from the Helpline.

The News: Have you seen a change in attitudes? I'm sure there must be a lot of opportunity for misunderstanding, because the whole idea of sexual minorities, no matter what form they take, is such a recent thing in terms of understanding. Have you seen changes in the gay community's attitude, for example, about transsexualism, say, in the time that you've been doing this? I'm sure there hasn't been enough growth in understanding, but has there been some?

Jerry Montgomery: I think there has definitely been growth. Yes.

The News: Does it parallel with what the so-called straight community has thought about transsexuals, or have there been interesting differences between gay and straight attitudes toward transsexualism?

Jerry Montgomery: The Atlanta Gay Center has been the bulk of my contact with the gay community. But I think that the general public has learned a lot through the TV talk shows and all of that. I think there is far, far more acceptance today than there was before. I think the gay community didn't have quite as far to come, because they already tended to be more accepting.

One of the things that we've found is that many transsexuals start out in the gay community because it's the first objective thing that they can put a finger on to say, "Okay. These are the characteristics that I have, the things that I feel. And one of the things that I feel is that I am attracted to someone of the same sex; ergo, I must be gay." And so they go into the gay community, and the gay community is a very safe place for them. It's very accepting. It's not until they begin to advance and start transitioning to actually changing their sex that they then begin to find some of the same reactions in the gay community as they do in the straight community. Just as a straight male can't understand why any male



photo by Foster Corbin

Lynn and Jerry Montgomery,
founders of the Montgomery
Medical & Psychological Institute

session, or we bring in professionals to talk on specific topics of interest to the group. As a part of that support group, we have a group for female-to-males. There are some issues which are obviously quite distinct. For example, the female-to-males aren't really interested in how to put on make-up.

We usually start out by meeting together, and then we split into smaller groups, one of which would be a female-to-male group. Sometimes we have a partner's group. We are working toward getting a parent's group, a family's group.

The News: Of course, you do a lot of information and educational projects, don't you?

would want to be a female, neither can a gay male understand why any male wants to be a female.

But yes, sexual orientation and gender tend to be confused a great deal, and that confusion occurs both in the general public and in the gay community.

The News: Have you gotten any the reaction from the general public like, "My God, first we had to deal with the gays; now we have to deal with this?"

Lynn Montgomery: Oh, yes.

The News: You know, "Is it ever going to stop? What's going to be next," like this is just some aberration or fringe movement—

Lynn Montgomery: We find two different reactions, especially from families. Some families accept it better because they find out the person really is not gay. And then again, we find families who really get upset because they would prefer their child be gay. At least they wouldn't change their body, which some families believe is against God.

Jerry Montgomery: Interestingly enough, this is so frequently based on religion when dealing with families, and I'm sure you find that in the gay world also. Both reactions seem to be a religious one. You know, God doesn't want you to change your body. So the lesser of the two evils is to be gay. That's one reaction. The other reaction is the Bible says that you shouldn't be homosexual, and therefore, if you're not homosexual, you're really transsexual. The Bible doesn't say anything about that. So thank God you're not gay.

Lynn Montgomery: It goes both ways.

The News: That brings up an attitude or at least a thought that many gay people have, or that many people have—this whole idea of transsexualism as really being a rejection of homosexuality, i.e., it is so repulsive to me to think of myself as homosexual that I must be a man trapped in a woman's body or a woman trapped in a man's body. How do you deal with that? Is that an attitude that many of the people who come to you have?

Jerry Montgomery: Over the years we've had maybe six or eight that I could positively identify as that being their situation. The purpose of the *Standards of Care*, which is the pattern that we follow, is—

The News: The standards of care?

Jerry Montgomery: The *Standards of Care* is a thirteen page document promulgated by the Harry Benjamin Gender Dysphoric Association. They are a group of professionals, and they hold a conference every two years somewhere in the world to

discuss issues of transsexualism.

The News: They're the ones who produce these standards?

Jerry Montgomery: Yes. They've set up the *Standards of Care*, which is a dual document. It tells the transsexual what the professional should expect from them, and it tells the professional what the transsexual should expect from the professional. It's a protective document. It sets up a progressive pattern where each step that you take is reversible, up until the final surgery. Of course, each step becomes more difficult to reverse.

The first thing you do is to get into therapy. That's the very first requirement.

The News: And that's, of course, the purpose of your developing this professional referral list, so that people can get to people who are knowledgeable, correct?

Lynn Montgomery: Right.

Jerry Montgomery: And we've also set up a group therapy.

Lynn Montgomery: —Which is a lot less expensive than individual therapy.

Jerry Montgomery: The group therapy session meets weekly and costs a lot less than the individual therapy. The group is headed by Lynn or myself along with a psychologist who has dealt with many, many, many transsexuals.

But the first step is therapy, because the most important thing is to make sure that the person is doing what is right for them.

The News: In many ways, the whole process of realizing oneself as a transsexual seems very much more complicated than, say, a gay person who just has to say, "This is who I am," and then goes about living it and making themselves known as being gay to significant people in their lives. Here, with transsexualism, things are much more structured?

Lynn Montgomery: Of course, a gay person does not intend to change his body.

The News: Except by going to the gym, maybe.

Lynn Montgomery: Right. But the transsexual totally changes the body physically, usually—and changes their legal identity also. I mean, they have to go all the way back and change everything. So this really is a whole lifestyle.

Jerry Montgomery: Lifestyle?

Lynn Montgomery: Life change.

The News: You mentioned before, regarding homosexuality, that there are about the same percentage of transsexuals who are gay as there are in the general population.

Lynn Montgomery: Yes.

The News: That only seems logical, and yet the terminology—you know, gender identification, sexual orientation—can get really mixed up for the general public, and certainly mixed up for people who, if they are like any minority, spend at least a part of their time denying who they are and being afraid of who they are and feeling negative about who they are.

Jerry Montgomery: Oh, yes. But I like to look at the question of sexual orientation and gender as an overlay map. The one is imposed on the other, but they're not the same thing at all. As you indicate, about the same percentage of transsexuals are gay as are found in the general population by our definition of gay. Yet the conventional medical definition says that a male-to-female transsexual who is sexually attracted to males is homosexual in orientation. We don't define it that way. We believe that if sexual attraction is a function of the mind, and if the mind is female, although the body is male, then for that person to be attracted to a male is a heterosexual orientation. Likewise, if the mind is female but the body is male, and that person is attracted to a female, we would consider that to be a lesbian orientation.

Lynn Montgomery: Because they are female in their mind.

Jerry Montgomery: Yes. And based on that definition, the percentages are the same as in the general population.

Lynn Montgomery: Gender is very different from sex, period. Gender is how a person feels about themselves, how I feel about myself. For me to go out here and put on a t-shirt and a pair of jeans and work on a road crew would be foreign. I couldn't do it. Okay? For me to live as male—I could not do it. My orientation is female all the way.

That's what happens to these people. It's how they feel about themselves.

Jerry Montgomery: —The core feeling of maleness or femaleness.

Lynn Montgomery: Yes.

The News: When we've spoken before, we've compared some of the significant differences between the feelings gay and transsexual people may have experienced in childhood. For example, many homosexual children or gay kids have confusion about who they are because there is no role model or definition of it, yet they typically do not wish to be the opposite sex. A common element in a transsexual person is an early knowledge of wanting to be the other sex rather than, like the gay child, wanting to be with

the other sex.

Jerry Montgomery: Most transsexuals can trace those feelings to their very earliest memory, which is usually sometime between the age of three and five. And that usually is their very earliest memory. The very first thing they can remember is wanting to be the opposite sex.

Lynn Montgomery: That experience precludes choice. A child that age does not make a conscious choice.

Jerry Montgomery: They can't possibly make a choice at that age. You know, many people keep pounding away on that idea of choice. Some families say, "Well, you don't have to do it. You could choose to do otherwise." But you don't choose your gender identity. This is why we get people coming into the group at the age of 40 or 50 or 60—people who have been married in a heterosexual relationship and produced five kids and seen them grow up, and now they come to us and say, "My God, I can't stand it one more day. I have fought it all my life. I cannot stand it another day."

The News: It sounds like one of your jobs—and one of the jobs of people who are involved in the same work as you are—is to put a brake on things, to give time for consideration of the ideas and concepts that have not been allowed to be thought about.

Jerry Montgomery: Yes. We are finding that we are getting more and more younger people, and my theory on that is that 20 years ago, you barely heard of the term "transsexual." I mean, Christine Jorgensen was 1952. So that was—what—40 years ago when the term first occurred. After that time, we heard of about three for the next 20 years, and then beginning in the '70s, it became a little more talked about, but not very.

That's why I say we're about 50 years behind gays, because I think 30 or 40 years ago, people were becoming very familiar with at least the concept of being gay, whereas it's not been until about the last ten years that the concept of transsexualism has been widespread, where there has been talk of it in the media on a fairly regular basis. People have seen people on television who have had surgery, and so the concept of transsexualism is beginning to take hold in the public's mind. Now people in their teens, when they're going through that adolescent search for identity and all of that, are more aware that this is one of the alternatives. Before that kind of exposure, younger people just didn't know that there

was such a thing.

The News: —That old adage that you can't consider what you can't imagine?

Jerry Montgomery: Right. And so their common experience was that they wanted to be the opposite sex. They were perhaps attracted to the same sex, and so they may have thought they were gay. And they may have even tried to be gay, only to find out that, for them, that wasn't where it was at. But transsexualism was such a very foreign concept that they tried desperately to cover it up, hide it—to be "normal," you know. "If I fight this hard enough, it will go away." And so they did fight it. And then in the last ten years or so, gender dysphoria and sex reassignment surgery has become general knowledge, and older people have begun to say, "Well, at this point, maybe I can finally do something about this thing." The younger generation has heard about



this subject on television when they were 15, and so they're coming in earlier and saying, "This is what I am."

We find ourselves in a kind of a dual thing. We are in the position of walking a very thin line, saying, "Yes, if this is right for you, you can do it, and we can show you how." At the same time, we find we have to take many of them aside and say, "Whoa, now. Slow down. Have you really thought about this enough?" That's why the *Standards of Care* are set up as they are.

As I started to say, you've got therapy first. The male-to-female can go ahead and have electrolysis at any point because if they wind up deciding it was the wrong thing for them, they just don't have to shave anymore.

The News: A consolation devoutly to be wished.

Jerry Montgomery: You say that with a beard?

The News: Well—

Jerry Montgomery: Of course! You've still got the neck, and that's the worst part!

But anyway, the process all works in progression to make sure that they are very sure of what they are doing at each step, and if they are, then they can begin hormones and continue therapy. When the hormones have taken sufficient effect so that they are able to pass—and the ones who are coming in younger now frequently don't have much problem at all with that, because they start taking the hormones and it stops the effects of the testosterone from continuing to masculinize the face and so forth—but when the hormones have taken sufficient effect, and when they and the therapist agree that they are ready, they begin a cross-living period, and take care of legal changes and so forth and so on.

Lynn Montgomery: That's 24 hours a day.

Jerry Montgomery: Cross-live, work—everything—for one to two years. Then a second psychological evaluation is completed to confirm the first one. Then they can have the surgery.

The News: The psychological evaluation reminds me—I guess the most prominent study, perhaps the only study, on after-care is the Johns Hopkins study. That study basically said that there was no discernable or significant improvement in the happiness or the adjustment of people post-surgery. I know that's something that you are concerned about, because it doesn't fit the experience that you have had. I wonder if you could say something about that.

Jerry Montgomery: I don't know how many post-ops Johns Hopkins had. I suspect that they probably didn't have many more than we've got, if as many.

The News: Aren't many long-term studies that conclude sex reassignment surgery to have a low success rate complicated by the reabsorption into the community or anonymity in the community which is the goal of so many transsexuals, and that the happy, successful people don't follow up and aren't included in such studies? Is that your view?

Jerry Montgomery: Right. There are two factors that work in the Johns Hopkins study. One is exactly what you said. The ones who made it disappear.

Lynn Montgomery: There are reasons for that, though.

Jerry Montgomery: The only ones that they were able to keep track of were the ones who were having problems. The second reason—one of the psychologists who works with us was involved in

the evaluations for the Johns Hopkins program. He told us that Johns Hopkins viewed this surgery as experimental. Therefore, they used the same criteria that you always use for experimental surgeries, i.e., the patient must be terminal before an experimental procedure can be tried. So coming from that mindset, they did not do surgery on anyone that they thought was not going to commit suicide immediately if they didn't do it. So all of their surgical cases were the cases that were the least likely to adjust because they were the least stable.

The News: That reminds me of the parallel where, for so many years, psychiatrists would be asked whether homosexuality was an emotional or mental problem. They'd say yes, simply because most of the gay people that psychiatrists saw were people who had some sort of problem.

Lynn Montgomery: That's right.

The News: And they didn't see the ones who didn't have problems.

Lynn Montgomery: The goal of the transsexual is to blend in to society. They don't want to be known. They do not want people to know about them. They want the domestic scene, the barbeque in the back yard, just like anybody else. They want to get married and have families—all of this. They don't want to be known, and so the ones who do adjust go on and move into society, and they blend in, which is all they want.

Jerry Montgomery: —And consequently disappear, which means that nobody has ever tracked them before.

The News: I know this is something you're attempting to do now.

Jerry Montgomery: Yes. We're in a very unique position, because we have managed to keep track of virtually all of our post-ops, and we have just looked into a research psychologist who has done many papers that have been accepted by major medical publications, like the *New England Journal of Medicine*. She is coming down here to work with us on research.

One of the things we want to do first is a follow-up of post-ops with as objective a test as can be developed and that won't have a lot of subjective factors in it where it could be called in any way skewed. That's hard to do when you're doing happiness. But we want to develop a very objective study of what has happened to the post-ops.

We have many post-ops from our own group and have a far, far higher percentage of people who go all the way through to surgery than the general figures on transsexuals would indicate.

The figures I've read have been anywhere from one percent to ten percent of those who start out to get surgery actually get it. We are running somewhere in the neighborhood of 17 percent. So we've got a major population, relatively speaking. And we have contacts where we can reach many others. So we're in a unique position to do research of that sort and to try, finally, to get a more or less definitive study of whether surgery really does do the job it's supposed to do.

Lynn Montgomery: So far, all of our post-ops who have been through the program, going by the *Standards of Care*—none of them has ever regretted it that we're aware of it. Nobody has ever regretted the surgery. What we find—and I would like to say this, too—is a lot of people come into the group, they start therapy, and a lot of them resent it. In the beginning, so did I. It's sort of like you're paying somebody to tell you what you know you are. However, I have changed 100 percent there. I've done a total turn-around.

The thing is if a person goes into therapy for the sole purpose of getting an evaluation for hormones or surgery, they're cheating themselves. This is the perfect place to have someone to bounce things off of and to get the family issues settled, career issues—whatever. If they go in and they just tell the psychologist or whomever what they think they want to hear, then they're doing themselves a real disservice.

The News: No matter what problems are central to a person's life, there are always other problems?

Lynn Montgomery: That's right.

The News: You mentioned career and family, but also background, ethnicity—you name it.

Jerry Montgomery: The whole trick with this thing is that by the time you reach the point of surgery, you should have your other life problems resolved—not necessarily solved, but resolved—so that they are not hanging you up. Surgery is a major step, but by the time you get there, it should not be a major step anymore. It should just be a little inconvenience that you have to go through to finish it up.

The News: Speaking of surgery, isn't there a disproportionately larger number of male-to-female transsexuals than female-to-male transsexuals? Do you have any idea why that is?

Jerry Montgomery: I don't think that there really are more proportionately, but the complications of surgery is one major thing. Another major thing is that it is far easier for a woman in this society to be masculine and accepted than it is for a man to be feminine and accepted. There-

fore, the male-to-female tries desperately for a long period of time to cover it up, because they don't want to be called "sissy" and so forth.

We have had a number of people in the group who did three voluntary tours of Viet Nam to prove their masculinity. You know, people who go out and get into motorcycle gangs—people who engage in tremendously masculine occupations to prove how masculine they are, and they just can't get through with it, and so they finally say, "Okay. I've got to do something," and the something is surgery.

The News: So you believe the numbers are much closer?

Jerry Montgomery: Much closer.

The News: —That many more come forward who are men wishing to be women?

Jerry Montgomery: Yes. Now, the current statistic is that it is 50/50. But the other thing that I think is a major factor is that a woman has an outlet. A woman can wear pants, can be in a masculine occupation, can behave in a masculine fashion and not be totally derided by society—maybe not be totally accepted, but not the total denigration that society heaps on a male who is feminine, as I'm sure many people in the gay world experience.

The News: I'm sure there are some factors involved arising out of a male-dominated society.

Jerry Montgomery: Yes. And so women who act like males are approved of by males in many cases. It gives them an outlet. They don't build up the pressure cooker, the pressure that the male-to-female does. Many of them are essentially able to cross-live in whole or in part all their lives, and they can adjust to this and be reasonably happy with it. If they're small-busted, they can put on men's clothes, cut their hair short and pass as males perfectly fine with no help from anybody.

I know one guy who has been passing for the last 24 years and has had no surgery whatsoever and has been on and off of hormones. But he still looks perfectly male.

The News: What is the situation in Georgia now about the availability of surgery? I know the Montgomery Institute is out there, but how available is the surgery itself? And what about insurance coverage?

Jerry Montgomery: Surgery is not really available in Georgia. There are a few surgeons who are doing it under the table, but because they are doing it under the table, we don't recommend them because we can't find out enough about them and whether they're doing good surgery or not. We know they are there. We know whosome

of them are, but we don't recommend them. A lot of times, when we've called them up, they've denied they're doing it.

The News: Is what you're saying they may be doing good surgery, but you can't verify it, and therefore, you can't recommend it?

Lynn Montgomery: Right.

Jerry Montgomery: Not only can we not verify it. We can't verify in some cases that they're doing it because they are so paranoid that somebody would be upset if they found out they were doing it.

Lynn Montgomery: Yet we do know that they are doing it, because we know people who are having it done.

The News: What about insurance? Do private insurance companies cover this?

Jerry Montgomery: It depends on the insurance company. It depends on how the policy is written. Policies vary from one employer to another, even within the same insurance company. Some of the insurance companies have put in a specific exclusion of anything having to do with change of sex. Other insurance companies have not put that in, and if you handle it right, they will cover it. But insurance coverage for the surgery is relatively rare.

The News: In other words, most of the time you can count on paying for this yourself?

Jerry Montgomery: Generally speaking, yes.

We have a case right now where we are trying to get Medicaid to pay for surgery for a person who is inter-sexed. We're trying to get Medicaid to pay for that because the person is also disabled. And being inter-sexed, this person has some organs of both sexes. This is a condition which, in his situation, may very likely cause cancer. Based on that, we're trying to get Medicaid to pay for his surgery.

The News: The percentage of people that you're involved with who actually have sexual organs of both sexes or the remnants of them—I guess in common parlance, you're calling it inter-sexed, but it's often called hermaphroditism—that's a very small percentage of the people you see, isn't it?

Jerry Montgomery: Yes. I say "inter-sexed" because this person is hermaphroditic, and as a matter of fact, has a condition called adrenal hyperplasia which caused it.

There are so many factors involved in this. Nothing has been conclusively proved as to the origins of transsexualism, but one of the areas where there is obviously conclusive proof is where certain individuals are inter-sexed. Some people

sometimes call them "mosiacs." They have chromosomes of both sexes, for instance "XXY" or "XYY." They may have some cells which are male cells, and some cells which are female cells. And they may not show any of this externally.

There are people who have both male and female cells but have only the organs of one sex. I was reading an article the other day about people who are chromosomally male, but because of a receptor disorder that blocks a particular hormone from doing what it should do, they develop as female. And until they get ready to have children and somebody starts investigating why they can't get pregnant, they think they are female, and then they discover that the uterus simply ends. If they do a chromosomal test, they discover that they're males.

So there are so many different genetic anomalies that can occur, and many of those people wind up in the general category of transsexual because the problem is the same regardless of the source.

The News: Let me ask you a little bit about this as it affects you personally. Obviously, you have been involved in this work for a decade now, and I'm sure there have been great rewards as well as other factors. What has it meant to you to see your work come to fruition for some people? Can you describe that a little bit?

Lynn Montgomery: Well, first of all, the organization is totally non-profit. So we don't make anything from this. But we see people come in who are so fragile. When they first come in, they're so confused, and they go into crisis sometimes—all these things.

But during the time that they're in the group—and usually it takes about two and a half or three years to go through—they get all these things straightened out. To see them, when they go all the way through the entire program, and when they come out the other side, that gives you a feeling that you can't describe. It really is. I mean, they're stable. They're whole, and they go on and they blend into society. They're productive members of society, which is all they ever wanted. It's a feeling you can't describe. That's what holds us here.

Jerry Montgomery: I think one of the greatest feelings that we ever had was with a girl who came to us about four or five years ago, I guess. She was from a very small town. Her parents were very, very, very religious. I'm not talking down religion. I've made a couple of religious comments, and I'm certainly not talking down religion. I'm a religious person myself. But sometimes the more

fundamentalist religions can really be very detrimental to family relations.

This girl came from an extremely religious family in a very small town, and her parents were dead-set against it, and at many points, she was a real basket case. About six months ago, she had finally reached the point where everything was done. She was a beautiful woman. She was going for surgery, and the night before she left for surgery, she called us up, and she said, "I just want to say thank you." It just made me feel so good.

The News: That's a very powerful word: thank you.

Jerry Montgomery: Yes, it is.

She is everything I'd want a daughter to be. She's a beautiful person. She's got a good job now, a good career. She's got everything. And when she came here, she was a basket case. It's just a phenomenally good feeling to see people not only go from total depression to real happiness, but also to see the growth in all areas in the process.

Lynn Montgomery: Yes.

And another thing, when we first started this, we found that people were oftentimes not getting adequate medical and psychological care. For example, if someone in transition who maybe was on hormones had an accident, or even got the flu, they couldn't go to a doctor. Maybe they had breasts, but had not had the final surgery yet. Now, that's possible. It's been a lot of hard work, but the very best resources are now identified and there for them.

All of our professionals are specialists in their areas. If they aren't, we don't include them in our referral list. We interview professionals just like we do the clients in the support group.

The News: I think we have an idea from your conversation so far what you suggest to persons who are considering being involved in the Institute or exploring the issue of transsexualism. But what about some general advice for the families, associates and loved ones of transsexual people? I know that's an area that is often touchy and difficult.

Jerry Montgomery: Number one, the family's first reaction is frequently one of guilt. "What did I do wrong?" Well you didn't do anything wrong. This is not a choice. If you know the things that a transsexual goes through, you would realize that no one who is sane would choose under any circumstances to do this. And yet these people are provably sane. They have had more therapy than by far the general population has ever had, and as a result of that, they understand themselves bet-

ter than most people do.

The News: They truly have examined lives, both self-examined, and other-examined?

Jerry Montgomery: Right. And they are provably sane, and they know what they're doing, and they have no choice. They must do this if they are going to be happy.

Families sometimes say, "Why are you doing this to me?" They're not doing it to you. They are hoping that the family will be able to adjust and continue to love them, and they realize that it creates problems for families, but those problems are not insurmountable. The problems can be worked out. But they desperately need the support of their families.

The News: Is it your experience, as it is with many families who have gay people in them, that over a period of time families are able to adjust? I am assuming that it is more difficult for transsexuals, but is there some improvement in successful adjustment over time?

Jerry Montgomery: The statistics that I have heard is that it takes the average family four years to accept. That is, of course, taking into consideration those who accept immediately, as well as those who never accept. We are finding that more and more parents tend to be supportive.

The News: For children as well?

Jerry Montgomery: Oh, yes. Even spouses.

The News: Even more so than, say, parents?

Jerry Montgomery: The children of transsexuals accept this very easily. And the younger they are, the better they accept it. They do not, as some people in the general population fear, become transsexuals themselves, or become gay.

The News: Very similar to the concerns about being led or recruited into homosexuality?

Jerry Montgomery: Exactly. We have absolutely no record of children of transsexual parents becoming transsexual, although interestingly enough, as a part of the argument for possible genetic links, we do find that transsexualism runs in families. But we have no parent-child situations that I've ever heard of.

I know of one family where a person has both an uncle and a nephew who are transsexual, but the uncle and nephew are not father and son. So that's three very closely related in the family. But it is obviously not something that is an environmental sort of thing. Children do not become transsexual by being exposed to it. Many of them are the most well-adjusted kids I've ever seen because, I think, the parents are so conscious that they might be creating a problem for the child that they go to great lengths to make sure that they don't create a problem for the child.

Lynn Montgomery: We've work with a lot of families, spouses, parents—we do a lot of work in that area. The thing is, a lot of times, a family member cannot understand this. You really don't have to understand it. What a person needs is acceptance. They just need to be supportive and accept the situation and understand that this is what that person needs to do in order for them to be happy. Usually they've been covering up all of their lives in order to fit in. Now it's finally their chance to be happy. If families would just accept that, even if they don't understand, that would mean so much.

We do know, and the transsexual knows, that a lot of times the families are from small towns or neighborhoods, and that this would really have an impact on the family. They understand that. But usually they are willing to work it out if the family is willing to get together with them. These things can be worked out with the least amount of embarrassment all the way around.

Jerry Montgomery: If the family is in a situation where it would be embarrassing to them to have the transsexual suddenly appear in the neighborhood as the other sex, they can visit at other places. They can still maintain their relationships without it being damaging to the family structure.

The News: What are some of the things that you see in the future that the Montgomery Institute will be doing? How do you see your services branching out or expanding?

Jerry Montgomery: I see it moving much more into the realm of education.

Lynn Montgomery: —Training professionals.

The News: You do a lot of that already, but hope to do more?

Lynn Montgomery: Much more. To us that's the way of getting the word out there. These are the people, the professionals, who will be working with the transsexual and with their family. We get calls from all over the country from professionals who do not know how to work with these people, and we'd like to get some type of training out there, some continuing education programs that would make it worth their while to learn about this.

We don't advocate surgery for everybody. A person, we feel, should only have surgery if they cannot do anything else. If there is another point where they can stop, if it's cross-living—whatever—if it's dressing up on weekends like the cross-dressers do sometimes, that's fine. It's okay for a person to be anything they want to be, as long as they accept that.

The News: I think Jerry has used the analogy of the train ride.

Lynn Montgomery: Yes.

The News: Do you want to say something about that, Jerry?

Jerry Montgomery: Yes. I'll have to credit this to Christina Young. She uses the analogy of a train trip from Atlanta to Los Angeles, saying that you can take an express train, but you miss seeing the country, that the way you should make the journey is to take the train that makes frequent stops, and at each stop get off and look around and see whether or not you find it a comfortable place to be, and if it is a comfortable place to be, then get off. If later you decide you are no longer comfortable, you can always get on the next train. But go no further than that point at which you are comfortable.

One of the things that we try to say to everyone is it doesn't matter what you are.

Lynn Montgomery: That's right.

Jerry Montgomery: Wherever you are comfortable, wherever that point is, is right for you, and that is where you should be. Some groups that we have heard of get into a sort of band wagon effect. Everybody who comes into the group is talking about, "Oh, I just got on hormones. I'm going to have surgery next month." It becomes very much a snowball kind of thing where the person can get caught up in it and go much farther than he should go.

We try to guard very carefully against this by saying whatever point is right for you is where you should stop. Just because you don't have surgery does not mean that you are not as good as the person who does have surgery.

Lynn Montgomery: Or any less real.

Jerry Montgomery: Right. But we wandered off of the point there of the education.

We spoke a couple of months ago at the Alabama Psychological Association. We did a workshop for them with one of the psychologists who works with our group. One of the things that was of interest to me was that there was—what—maybe 50 people in the workshop from all over the State of Alabama, and seven of them had had transsexual clients. Most of them really had no idea of what transsexualism was all about. Of the seven, I think there were only one or two who had had more than one transsexual client.

So it is not at all surprising that the professionals know nothing about it. They never meet them. You know? This is why we feel that we really need to get the education out there so that when the transsexual goes to a doctor of any sort, the doctor has some idea of at least where to send him, because there are probably fewer transsexuals than there are psychologists. It's no wonder

that they don't know. But you can't reach the transsexual until you reach the psychologist.

You know, it's very hard to get information out to a population that is in hiding.

The News: In connection with that, I know you're both involved in the Southeastern Regional Conference, Southern Comfort, scheduled here in Atlanta in the fall [Sept. 3—Oct. 4]. Would you like to say a little bit about that and what its purpose is and who might profit from attending this?

Jerry Montgomery: This is a convention that's being put on by a number of the groups in the Southeast, both transsexual groups such as ours, and cross-dressing groups, and another term that most people are not familiar with yet, transgenderists, which is something sort of in between.

The purpose of the conference is to get information to the consumer, and incidentally to let them have a little fun, and to meet with others and be able to talk with others, because many people in small towns across the country have never met another transsexual.

The News: I know there are a lot of people out there who will be needing that information. If they want more information about this, can they contact you?

Jerry Montgomery: Yes. They can contact us at the Institute.

This year, we have an extensive program with eleven different doctors who will be presenting different aspects: surgery, plastic surgery, facial surgery, psychologists—all of the things that the transsexual might need. Most importantly—at least what most of them are going to think is most important—we have two of the most famous doctors in the world in sex reassignment surgery, Dr. David Gilbert of Virginia who is doing the most advanced work in female-to-male surgery, and Dr. Michael Seghers in Belgium who is doing excellent male-to-female surgery.

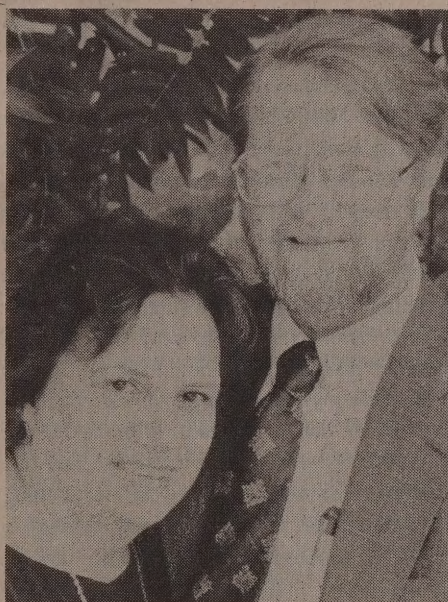
You mentioned a while ago the surgery question as to how many male-to-females there are/as opposed to female-to-males. One of the problems that the female-to-male has is that his surgery costs about ten times what the male-to-female surgery costs.

The News: What are these costs?

Jerry Montgomery: Dr. Seghers is doing surgery for about \$5,000 in Belgium. In this country, Dr. Biber is doing quite good surgery for about \$10,000. This is male-to-female. Other places are doing male-to-female for roughly \$10,000-20,000.

The female-to-male surgery is far more com-

plex, and there are three different types of surgery that can be done. You can have a very simple surgery that simply creates something that fills up your pants and is cosmetically effective, perhaps. That is in the \$10,000-15,000 range. You can have what is called a gemitoplasty or a clitoral release. The hormones cause an enlargement of the clitoris, and sometimes it enlarges sufficiently so that it can be released from the ligaments that hold it down, and it will function as a small penis with a urethral hook-up so that it will function fully as a small penis. The third kind of surgery which is being done by a limited number of doctors and will cost you somewhere between \$50,000-150,000 is a full phalloplasty, and in my opinion, the best work is being done by Dr. David Gilbert of Virginia, followed by Dr. Laub of



Stanford. That is extremely extensive surgery in which skin flaps are taken from the forearm. It gets very, very extensive. A complete penis is created, scrotum and all, with both tactile and erotic sensation, and with the urinary tract. So it is a fully functional penis and reasonably good-looking from a cosmetic standpoint. But it's \$50,000 and up. So that's why a lot of the guys don't get surgery. They get mastectomies and hysterectomies and stop at that point. At that point, they are legally male.

The News: Any final thoughts you'd like to leave our readers with?

Lynn Montgomery: I would like to caution people when they are looking for services, whether professional services, support groups—whatever—that there are people out there who can do a lot of damage, both professionals and non-

professionals. There is one professional, one surgeon, who is in jail in California right now—

Jerry Montgomery: —For having killed someone surgically.

Lynn Montgomery: Yes. If a person goes for surgery, they need to understand that whatever they get is what they are going to have to live with for the rest of their lives. So they need to investigate. If it's a support group, like Jerry says, you have to watch that you don't get swept up in the movement and go too fast. For some people, fast is fine. For others, it's not. They need to investigate. They need to check around. They need to find out how long a group has been in existence, how long a professional has been doing this, how many people he's been working with.

The professionals here in the State of Georgia that we personally refer clients to through the Montgomery Institute—we vouch for those people, because we know they are good, and we know they are specialists. But if it is someone outside the State of Georgia, check them out. They owe it to themselves to check it out.

The News: So in general, you're saying people should be prudent, develop a good support system, and then be prepared to take the long view?

Lynn Montgomery: That's right.

Jerry Montgomery: And be educated consumers.

Lynn Montgomery: Exactly.

You know, working with one or two transsexuals does not qualify a professional as "an expert" or even "experienced." This is a very specialized field. If you are working with an inexperienced professional who is willing to network with and learn from qualified gender experts, have him get in touch with us at the Montgomery Institute. We can connect him with experts in his speciality who will be willing to answer his questions and give advice at no charge.

We will be happy to work with any professional who has an interest in learning about gender dysphoria. However, if a professional with limited experience is unwilling to make the effort to learn about this rare phenomenon, he should refer the patient to someone with more experience in this area. There have, unfortunately, been many instances in which a well-meaning professional has done a lot of harm to the patient due to lack of knowledge.

Also, people are individuals and operate on different time frames. It is just as important that the "timing" for surgery be right as it is that the diagnosis of transsexual be correct. Surgery may very well be what is "right" for a person, but other problems may need to be taken care of before

surgery is indicated. The more stable a person is before surgery, the better the adjustment will be after surgery.

If you are in a support group where everyone is in a race to get to surgery, back off and re-evaluate the situation. You should focus on your life after surgery, not the surgery itself, because the only thing the surgery will do for you is bring your mind and body together. It will not take away all of your problems.

Remember that a person who has been through sex reassignment surgery, or is an advanced member of a support group, is not necessarily an expert on the subject or qualified to give others advice. As I said, everyone is different. We all reach our own conclusions and solutions in different ways. What is right for one person may not be an answer for another. Sharing experiences and information can be very valuable, but it can also be very dangerous if you do not sift through it and use only that which is right for you.

Whether a client goes all the way to surgery, or stops short of it, there is a place where he can be happy and comfortable with himself. The object is to find that place and the self-acceptance that goes with it. For some it may be harder and take longer, but each person must do this in his or her own time.

The News: Sage advice. I want to thank you for talking with me today, also for your good work in the community, and for being good friends for these many years, not only to the gay and lesbian community, but to the Atlanta Gay Center as well.

Jerry Montgomery: I want to say that we appreciate the support that the Center has given us over the years.

Lynn Montgomery: And I do, too.

Jerry Montgomery: We really appreciate the help you've offered to the many people that you've sent to us. It's made a major difference in a lot of lives. ▼

[The Montgomery Medical & Psychological Institute, Inc., a non-profit organization providing a full range of services for transsexual persons throughout the Southeast, may be reached by calling (404) 603-9426, or by writing: M.M.P.I., P. O. Box 33311, Decatur, Georgia 30033.]

...Growing up transgendered in the South

(Continued from page 9.)

let to know how scandalous, how perverse, how ugly she was. Despite my decision to give in to my urges, I had been having real problems dealing with what I considered to be an unnatural need of an All-American boy, and the revulsion of my mother, who caught me flat-footed (but not flat-chested), did not help—nor did my father's disgust, when he was told. This was the man who had once jumped on me with both feet (figuratively) for talking like Snaglepuss the Lion. Heavens to Murgatroyd! I didn't understand what the problem was until later, when I realized that he thought it sounded effeminate. Now, his son revealed as a boy who dressed up like a girl, he threatened to make me walk the long five miles into town in women's clothing, as he followed in the car.

Would that he had, for I would have been "out," like Martin Smith, and might have even found an airman for myself. Instead, the clothes were disposed of (not my choice; I never voluntarily purged), and the girl-with-no-name was dismembered as effectively as if we had cut her up and thrown her chunk by bleeding chunk from a speeding car on a moonless summer night.

My parents took me to a psychiatrist at the same air base which harbored Martin Smith's sergeant. In my shame and denial, I led him (the psychiatrist, not the sergeant) to think that the crossdressing was not very important, had just been an experiment. And he went for it, telling my parents that I was "just going through a phase." It's a phase that's still going on, now, at age 42.

I had not been very successful in my quest for information about gender dysphoria—it was not, after all, something I felt comfortable approaching authority figures about, and the few books on the subject in the public library were often checked out or stolen by people much like me—but I had found out that the Johns Hopkins University had a gender clinic, and that they evaluated two people a month. Two people a month in a country with a population of hundreds of millions! What chance would a girl-with-no-name have? She was, after all, a lie, a wraith, a sometimes creature. Surely Hopkins would take those boys who were lucky enough to naturally look like girls without having to work at it, those with ambiguous genitalia, those whose parents had more money than mine. And how would my parents take it, my father who thought that Snaglepuss was a faggot, and my mother who

thought that Miss Jane on the Beverly Hillbillies was played by Christine Jorgensen? "I just thought I would try it," I told the shrink. "It's not that important." Lie, lie, lie.

It was three or four years later. The girl-with-no-name was back, spending most of her time hanging in a wardrobe in the Ross Fireproof Hotel in downtown Nashville. I had graduated from high school and been summarily ejected from my parents' house due to a combination of bad attitude and parental defiance—all appropriately masculine. I had found a job as a busboy at Shoney's restaurant #2 (the second Shoney's ever to be built), and I would ride the bus to work and back. In the evenings and on my day off, the girl-with-no-name would come out of the closet and wander around downtown, shopping at Belk's and Cain-Sloan and Harvey's, the big three department stores, going to the movies, visiting the library, eating in restaurants, hoping desperately to spot someone like myself so that I could at long last share my feelings with someone, but never managing to do so. Men in cars would whistle and slow down and try to convince me to get in with them, and I would ignore them, always. But then one day something happened. I—or rather, the girl-with-no-name, found herself in a lip-lock with a cab driver. I had never been kissed before, had never even touched my privates except to wash them, and here I was in an embrace that was growing more passionate by the moment. I was struggling to keep his hands out from under my skirt (a mini—it was the '60s, after all), struggling with my self-identity—here I was being kissed by a man, and I damn well knew that underneath the Charlie I was a boy, after all, and I knew that I couldn't be gay, for I had no interest in men as a man. Here I was, with a gender identity which had suddenly slammed itself firmly against the "F" peg and would never again wander in to the "M" zone. Here I was with an awakening awareness of my genitals—genitals I was wholeheartedly wishing were "innies" instead of "outies" so that I could go to bed with this man like any other woman. Here I was, wondering if I would be killed and decapitated if this heterosexual man were to discover that his girlfriend was really a boy.

I managed to call a halt to proceedings just shy of blast-off, and a little short of discovery. The man pleaded with me to be his girlfriend, and asked me to go with him to meet his friends—but I, no Martin Smith, refused him, and did not see him again.

During those days at the Ross Fireproof Hotel, the girl-with-no-name would plot and

scheme, trying to figure out how to find a job (short of prostitution) which would allow her to stay out of the closet forever. But she was fighting Mother Nature, and she knew it. She, who had years earlier found a single hair on her face and shuddered, knowing that it was the first sign of an adolescence she did not want, had been only too correct. Every day, there was more hair on the face, and less on the head. She could feel a masculine essence in her body, and she hated it and the gonads which produced it—but she, who had never heard of hormones, could think of nothing to do about it, short of self-castration, of which she was not capable.

I did consider becoming involved with the gay community, where I thought that there might be a place for me, but I could never quite bring myself to do it. Nashville had a gay bar of legendary fame, Juanita's, but in my mind's eye it was a seedy little place where men cruised each other; when, years later, I finally got around to visiting Juanita's, I discovered that it was indeed such a place. I didn't go, and there was nowhere else to go. And then a opportunity arose. A new bar opened. It was called the Watch-Your-Hat-and-Coat Saloon, and it had a drag show. I went once, in drab (Dressed As a Boy), where I saw for the first time men dancing together men holding hands. It assuaged my homophobia a bit; it wasn't so awful. It was also the first time I had seen anyone in drag (Dressed As a Girl). The female impersonators were stunning, full, I now know, of silicones and hormones.

I almost went back to the Hat-and-Coat as the girl-with-no-name, but the bar's policy was no drag, and although I was quite convincing, I had no documentation to make my girlhood official, and so never went, for the same reason that I could never bring myself to go to the psychedelic night club which was fifty yards from my room at the Ross. And then the Hat-and-Coat burned, and some people died, jumping from upper stories to avoid the flames. It hasn't occurred to me until now, but perhaps it was providence which kept me out of the Hat-and-Coat. Still, I've always wondered how my life would have turned out if I had sought shelter within the gay community, as many transgendered people do.

And so the testosterone marched on, and I entered adulthood as a man instead of as a woman, and the straight world instead of the gay. Married a woman, grew a beard, went to college. Got weak in the knees every time I saw a pretty girl, I wanted to be her so much. Got divorced (of unrelated causes).

It was 1978, and, single again, I had moved back to Nashville after completing my master's program at the University of Tennessee in Knoxville. A beard of seven years was gone, and the girl-with-no-name was back, even if she was not passing so well because of testosterone poisoning. I was going to the gay bars, blowing men in parking lots, facing a lifetime of looking increasingly more bizarre in a dress, becoming increasingly dysphoric about my body, finding it more and more difficult to think of myself as the girl-with-no-name, for I was starting to see in the mirror not the girl, and not the woman she should have become, but a man-in-a-dress. I decided that it was time to come to terms with myself, to stop hiding the girl-with-no-name in the closet, to integrated her into my life.

I started by acknowledging that I was at the very least a crossdresser. I quit worrying that my pumps or wig would be seen, or that I would be spotted wearing them. One by one, I told my friends and acquaintances. Step one.

Those were the days of Jan Morris and Renee Richards; gender reassignment, while still scandalous, was at least thinkable. Step two was to ask myself whether I wanted to be a woman. I already knew the answer to that one.

Step three was to take a honest look at myself, to determine if it would be possible, via surgery, electrolysis, and better living through chemistry, to ever pass convincingly as a woman. I refused to be a man-in-a-dress. I took careful stock of my body. I didn't at all like what I saw. My body had moved in undesirable directions since that day when I found that single hair growing on my face. I was too hairy. Too big. Too this, not enough that. I made a list, and then scratched off things that could be changed via hard work, hormones, electrolysis, surgery. I looked at what was left and thought, "Just maybe..."

And so I took myself to the gender clinic at Vanderbilt University, where I gave them some money and told them about the girl-with-no-name. After a time they got back to me, saying that they had made a decision about my gender. They had made the decision! And no, it wasn't the one I wanted. They would offer me counseling to help me in my life as a man. Thank you very much. Fuck you. I didn't go back.

The story of my change from a man to a woman is lengthy, and full of pain and expense and loss and joy and strength and self-awareness, a story for another article, as this one has already grown quite lengthy. Suffice it to say that I did an end-around the clinic and found some hormones (it was the clinic which made me realize I should

be taking them when they told me that they would not give them to me!). I started electrolysis, and eventually—very eventually—it took me ten more years—began successfully living as a woman.

It wasn't until 1989, when I was finally ready to make that big leap across genders, that I first got the chance to talk to a transsexual person—not that I was transsexual. Oh, no. I was just a man who had always wanted to be a woman, yup, yup, no-t-words apply to me, thank you veddy much. I was wonderful to actually meet someone else with the same condition (curse? blessing?). I had realized early-on that I was not the only one in the world (there *were* books in the libraries, after all, even if they were always checked out, so there had to be more who were like me). But where they were—that was the mystery. I supposed that many, like me, must be completely alone with feelings which have to be some of mankind's most difficult to cope with—but I also knew that there had to be a paraculture, a community, gatherings of people like me who would get together and talk trans, provide support, swap stories of girls within and marriages to airmen and trysts with cab drivers. I had just never been able to find that community. The libraries certainly hadn't pointed me in the right direction. Adult bookstores were no better. I would buy shrink-wrapped magazines with disgusting names, hoping to find some useful information inside. Inside, there would be chicks with dicks instead of magic keys to the gender community. Circulation time for a magazine, purchase to garbage can—five minutes. Did you hear that, *Guinness Book of Records*?

I finally found the community by joining a crossdressing club; it was the only thing I knew to do. I was a crossdresser who passed, a crossdresser who had had electrolysis, a crossdresser with size C breasts, a crossdresser who people were calling ma'am even when I was at my masculine best with my girlfriend. I was no crossdresser at all. I phased through the club like a knife through butter, and emerged on the other side, in Wonderland. There were transsexual people everywhere. For the first time, I was not alone.

The girl-with-no-name now has a name, although she would rather not tell the world what it is in this article. It is, in fact, the name she had all along, one of those names which turns out to work perfectly well as a woman's name, thank you. She is finally a creature of flesh-and-blood rather than a fantasy. She is not a notion of a woman, not an imitation of a woman, not a man's

(Continued on page 20.)

Gay and lesbian journalists hold conference

by Richard Lorant

Associated Press Writer

(AP) — The publisher of the New York Times pledged support. The city's conservative mayor urged them on. Media heavyweights took out ads to wish them well.

Openly gay and lesbian journalists say they still face discrimination in the workplace, but the guest list at their coming out party showed they have come a long way — fast.

"Three or four years ago, this would have been an impossible fantasy," National Lesbian and Gay Journalists Association president Leroy Aarons said during a break in the group's first national conference.

Aarons, former executive editor of the Oakland Tribune, founded the NLGJA two years ago with five other gay and lesbian journalists. The association's membership has since shot up to 580, half of whom attended the conference.

"This is a milestone. It's a chance to let all the other media know we're here," said Lily Eng, a reporter for the Seattle Times who serves on the NLGJA board.

The word is evidently out.

Companies taking out congratulatory advertisements in the NLGJA program included the New York Times, the Washington Post, the Boston Globe, Hearst, Cox, Knight-Ridder, NBC, ABC, Fortune magazine and the San Francisco Examiner.

The San Francisco-based Media Alliance co-sponsored the conference, which coincided with the city's Gay Pride Parade and Celebration.

Perhaps the biggest sign that the group had arrived was a videotaped address to delegates by

Times publisher Arthur Ochs Sulzberger Jr.

Sulzberger said on the tape it made business, ethical and news sense to improve conditions for gays in the workplace. He also said his goal was for the Times to offer partners of gay reporters health insurance and other benefits.

He offered no timetable, but such a move by the Times would have an effect on other news organizations.

"It's an understatement to say it's historic," said former American Society of Newspaper Editors president Loren Ghiglione, who attended the conference as a guest.

"To have one of the world's leading newspapers signing on is very significant," Ghiglione said.

It was Ghiglione who indirectly inspired the group's founding when he assigned Aarons — then deeply in the closet — to compile an ASNE report on gays in the media in 1990.

The report found that gays felt they were barely tolerated in the newsroom and Aarons created a minor industry stir when he acknowledged his own homosexuality in a presentation to top editors.

The organization's rapid growth reflects the fact that gays in the news business took much longer to begin organizing than blacks, Hispanics or women.

The conference coincided with the 23rd anniversary of the Stonewall bar raid in Greenwich Village. That incident, in which bar patrons turned back police, is thought of as the genesis of the modern gay rights movement.

Aaron said that the late start came in part because most gays chose to stay the closet. The

AIDS epidemic and subsequent anti-gay backlash changed all that, he said.

"Gays and lesbians no longer are content to suffer in silence — lives are at stake," he told delegates in opening remarks on Friday, June 26.

Members spent the part of the two-day conference at workshops where they grappled with issues of special interest to the gay community.

But because most of the NLGJA members work for mainstream news organizations, the conference inevitably focused on the role of gay journalists in a predominantly straight press.

In a keynote speech, New Republic editor Andrew Sullivan defended the ideal of objectivity — seeking to get close to the truth rather than distorting facts to achieve a greater political end.

Sullivan said gay journalists would face unusually strong pressures from homophobic extremists and gay advocacy groups to doctor the facts.

"As writers and as journalists, we have to somehow walk between those two poles and neither will like us for that," he said.

Sullivan and Randy Shilts, an author and reporter, also denounced some gay newspapers' practice of "outing" closeted homosexuals as "lavender fascism."

Some NLGJA members support "outing," including Queer Nation founder and Advocate columnist Michelangelo Signorile, who defended it when it is essential part of a story.

But while "Lavender Fascist" T-shirts were in evidence, the best-selling garment bore a more workaday slogan: "We're here. We're Queer. We're on Deadline." ▼

...Transgendered

(Continued from page 19.)

idea of what a woman should be, but a woman, with all the virtues and warts, the rights and privileges pertaining thereto—a woman who can be raped, who can be strong, who can bake a cake and change the spark plugs of her car. It is she who I see in the mirror every morning instead of the burr-headed boy I once was. Finally, at long last, thank God, it's over. ▼

[Author's note: I have embraced the community I found on the other side of the mirror, and I have spent a considerable amount of my time, energy and money leading other lost souls to the glass, so that they can pass through if they so desire. Perhaps, as I am post-op now (i.e., I have a vagina), I should do the usual transsexual trick, blending into the woodwork. Maybe I will one day, but I can't yet, for there are too many people out there who are as lonely, frustrated, anguished, and angry as I once was. For the first time, the girl-who-now-has-a-name has a purpose beyond

mere existence.

To those of you who are transgendered and have not found your way through the glass: Know that you can, if it is your earnest and heart's desire.

To those of you who are gay: I think I can understand how lonely you must have been before you found the gay community. I hope you can understand that it is just as bad, and maybe even worse, for me and other transgendered persons.]

See also Transsexual Resources on page 9

Dr. Donald Smith to present new updated Empowerment Workshops on HIV at Center Griffin departs

compiled from News staff reports

Dr. Donald Smith, Science Editor for *The News* and Chairperson of the AGC's Board of Directors, will assume direction of the Atlanta Gay Center's "Empowerment Workshops on HIV." Ending nearly a two year period as the Center's employee, former facilitator Roy Griffin will now devote more time addressing the demands of his deteriorating health, but will continue in a lesser capacity at the Atlanta Chapter of the NAPWA.

Dr. Donald Smith said, "As a longtime friend of Roy, I am, of course, very sad to see him leave the Center, though that sadness is somewhat tempered by the knowledge that Roy will continue being a part of the HIV service community through his new association with NAPWA."

The Empowerment Workshops on HIV began as an expansion of the public education work which has long taken place through the Atlanta Gay Center's clinic staff. The first professional workshops offered under the aegis of the Atlanta Gay Center were conducted by Dr. Donald Smith in 1983 to educate AGC Helpline and Clinic volunteers who provide HIV education and counseling to the public. Dr. Smith, who along with Dr. John McDavid developed Atlanta's first on-going public education effort while volunteering with AID Atlanta, has regularly trained AGC volunteers ever since. In 1984, the Atlanta Gay Center conducted the first of its professionally-led HIV workshops for the general public. Since then, the Center has expanded its HIV-related

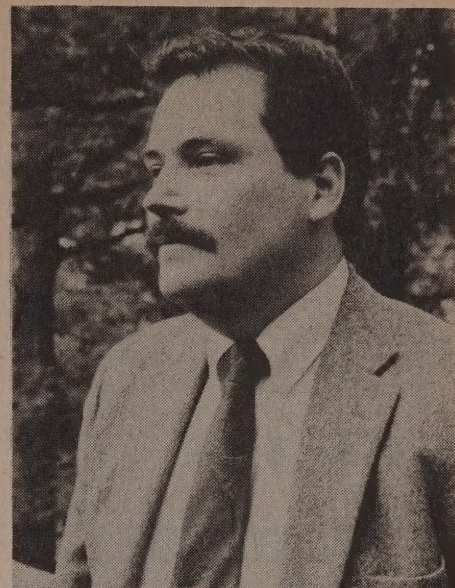
education efforts through the Center's clinic, various other programs and its publication, *The News*. In 1990, the Center began piloting the Empowerment Workshops on HIV.

"We have learned much from Roy's pilot project at the Center, what works, what doesn't, and now we will go about making the changes which will improve the presentation," said Bill Gripp, Chairperson of the Atlanta Gay Center's Program Committee. "We will, of course, miss Roy. No one would be better suited for the job he will be filling. We wish him the best of luck in his new endeavors."

"We have been extremely fortunate to have had Dr. Smith's guidance on HIV education and programming for all these years. He and Joe Lillich, our AGC Administrator, will really be terrific for the new revised workshops. As usual, Don is extremely generous in donating his time, and that will save the Center dollars that can be used in so many ways," said Gripp.

Dr. Smith said, "I am looking forward to doing HIV education for the general public once again. After all, it was doing HIV education at the Center that introduced me to all the wonderful things happening here for the gay and lesbian community that mean so much to me."

Roy Griffin also occasionally volunteered his time with *The News*, the Atlanta Gay Center's monthly newsmagazine, as his health permitted. Michael Wilson, Chairperson of the Editorial Policy Committee for *The News* and author of a



Dr. Donald W. Smith, PhD,
Chairperson, AGC's Board of Directors

series of articles published on AID Atlanta, expressed his appreciation for Griffin's assistance. "Roy was very helpful while I was reporting the goings-on at AID Atlanta—he called it 'The Evil Empire.' He became a valuable source, a 'Deep Throat' of sorts, passing along information from there and connecting me with clients, volunteers and other sources at AID Atlanta. He was deeply concerned, as I was, about the many problems at AID Atlanta and was willing to go under cover to discover their operations. He was quite helpful."

The Empowerment Workshops on HIV, updated and improved, will resume on a weekly basis at the Atlanta Gay Center in the fall, and although they will be professionally conducted rather than using the former peer instructor approach, the workshops will continue to be offered to the public free of charge. ▼

Barry Goldwater comes out for gay rights

(AP)—Former Sen. Barry Goldwater—the bastion of political conservatism—urged the City Council to pass a measure that would ban discrimination in the workplace against homosexuals.

"Under our Constitution, we literally have the right to do anything we may want to do, as long as the performing of those acts do not cause damage or hurt to anybody else," the Arizona Republican said at a news conference Tuesday, July 7.

"I can't see any way in the world that being gay can cause damage to somebody else," the

conservative said.

Goldwater—joining business, community and religious leaders at the conference—criticized the council's decision on June 16 to let the voters decide the issue. He predicted a battle worse than the one the state saw in 1990 over the battle to create a paid state holiday for Rev. Martin Luther King Jr.

Voters eventually rejected the holiday.

Councilmen John Nelson said the matter might be better decided by voters.

"You can call it a cop-out, I can personally say it's good government," Nelson said.

Goldwater was joined in the news conference by Mark De Michele, president of Arizona Public Service Co., and Bishop Joseph T. Heistand of the Episcopal Church Diocese of Arizona, among others.

Unlike Goldwater, the others said they want the council to remove it from the ballot and resolve the issue either way.

"The divisive campaign run by both sides of the issue ... would focus national attention in an adverse way on the community," De Michele said. ▼

Anti-Abortionists and Gay-haters
are Sisters Under the Skin

Twin Pillars of the Anti-Sex Movement

by Gene Koland

There is a common thread that runs through all the various incarnations of the ideology that calls itself "family values," and it is not familial devotion. It is *erotophobia*, or the pathological fear and hatred of sexual expression.

The so-called "right-to-life" movement, in reality an anti-abortion movement, is clearly sexual, rather than survival-oriented, in its focus. A consistent life-affirming philosophy, such as that advocated by Albert Schweitzer, would not place its sole focus on abortion. It would address such issues as capital punishment and the ethics of human use of animals. And it would not stop there—life and death would not be viewed simply as an either-or variable. The quality of life and its improvement would be a natural preoccupation. It would not be enough for an entity to be alive rather than dead; it would be seen as necessary to improve the well-being of living creatures.

On the other hand, as Barney Frank has said, the anti-abortion movement believes that "the right to life begins at conception and ends at birth." Only in their TV commercials do we see any attempt to address the concerns of living people.

To be sure, there are individuals who oppose abortion out of just such a reverence for life as Schweitzer preached, but they are insignificant as far as the movement is concerned. Their sole purpose for the movement, as in the case of a very few "pro-life feminists," is propaganda.

If "life" isn't what the anti-abortionists want, then what is? Simply put, they dislike sex; they want it to be as non-pleasurable as possible while it is going on, and they want childbirth to be the punishment for the "sin" of sex.

Needless to say, if such folks don't even like heterosexual *eros*—and they don't, as anyone who ever went to confession before about 1960 can tell you—they sure as hell don't like ours. Gay and lesbian sexual expression is always sinful, whether the puritan ethic being consulted is fundamentalist Protestant or fundamentalist Catholic.

The AIDS epidemic has seemed, to both these schools of thought, an absolutely

heaven sent opportunity to stress the iniquity of sex. Dying of AIDS is even worse than childbirth! They always knew there was something wrong with us, but they never could put their finger on just what it was.

Hasn't John Paul II declared that, although persons with a homosexual orientation probably cannot change, the best we can hope for is a life devoid of physical love? In recent years Roman Catholics have admitted that people get married because they love one another and not solely to produce babies. Therefore, it's all right if they enjoy causing kids so long as they keep those babies coming. But it's clear which of these two purposes of marriage the Virgin Queen of the Vatican thinks is most important. Non-procreative sex—whether with a man, a woman, or even all by oneself—is seen as a grave sin.

As for the Protestant fundamentalists, they may be less inclined to condemn their own parishioners for enjoying sex too much, but they have no trouble at all overlaying *eros* with a general atmosphere of disrepute. Thus they concentrate on condemning many of the secondary aspects of sexual gameplaying—dancing, cosmetics, "immodesty," and the like.

In fairness, it would be most descriptive if we began referring to the anti-abortion movement, and the anti-gay movement—they do have interlocking directorates, after all—as the Anti-Sex Movement. They need twin movements because there's got to be one flavor to condemn straight sex, and a different flavor to condemn gay sex.

Nevertheless, if the question is "What Does the Anti-Sex Movement Want?" the answer may not be so obvious as righteousness for all. Do the Anti-Sexers really want lesbians to reform and marry their sons, or gay men to go straight and marry their daughters?

Not likely. They don't mind if we turn tricks in alleys; but we must not offend against good taste by wanting a home filled with love like the ones they say they have.

You can pursue happiness for yourself, or you can try to please the Anti-Sex movement—but you can't do both. ▼

Consorting with prostitutes was forbidden, of course, but it was one of those rules that you could occasionally nerve yourself to break. It was dangerous, but it was not a life-and-death matter.... Mere debauchery did not matter very much, so long as it was furtive and joyless, and only involved the women of a submerged and despised class. The unforgivable crime was promiscuity between Party members.

...The aim of the Party was not merely to prevent... loyalties which it might not be able to control. Its real, undeclared purpose was to remove all pleasure from the sexual act.... Sexual intercourse was to be looked on as a slightly disgusting minor operation, like having an enema.... There were even organizations such as the Junior Anti-Sex League which advocated complete celibacy for both sexes.

...This, Winston was aware, was not meant altogether seriously, but somehow it fitted in with the general ideology of the Party. The Party was trying to kill the sex instinct, or, if it could not be killed, then to distort it and dirty it. He did not know why this was so, but it seemed natural that it should be so.

from 1984, by George Orwell

LESBIAN/GAY COMMUNITY RESOURCES FOR ATLANTA, GEORGIA AND THE SOUTHEAST

African American Lesbian Gay Alliance
691-5921, 297-8815. *Black lesbian/gay rights and service.*
AIDS Coalition To Unleash Power
P.O. Box 57089, Atlanta GA 30343-1089, 874-6782. *A direct action AIDS advocacy group.*

All Saints Metropolitan Community Church
575 Boulevard S.E., Atlanta GA, 622-1154. *Metropolitan Community Church fellowship in Grant Park.*

American Civil Liberties Union, Lesbian/Gay Rights Chapter
233 Mitchell St., S.W., Suite 200, Atlanta GA 30303, 523-5398.
An organization for the protection of civil rights.

American Educational Gender Information Service (AEGIS)
P.O. Box 33724, Atlanta GA 30033-0724, 939-0244. *Providing information to transsexuals, transgenderists and crossdressers.*

Asians and Friends/Atlanta
P.O. Box 13072, Atlanta, GA 30324, 262-3375.
Ethnically diverse social group for Asian-American men and men who enjoy being with Asian-American men.

Athens Gay & Lesbian Association
P. O. Box 2133, Athens GA 30612-0133, 404-548-0580. *Gay & Lesbian support and social group for Athens and UGA.*

Atlanta Business Networking Association
621-5032. *Networking for business and professional people.*

Atlanta Couples Together
P.O. Box 723291, Atlanta GA 30339, 365-2455. *Nonpolitical, nonreligious social organization to support positive aspects of gay and lesbian relationships.*

Atlanta Faerie Circle
622-4112. *Gay men who gather to support one another; explore connections with the earth & white light.*

Atlanta Feminist Women's Chorus
P.O. Box 8480, Atlanta, GA 30306 294-8983/435-4498.
A choral group for women.

Atlanta Gay Center
63 Twelfth Street, Atlanta, GA 30309, 876-5372. *The Clinic, PLUS Groups, Empowerment Workshops on HIV, Young Adult Group, Coming Out Group, Workshops, Library, Helpline, The News—advocacy & services for the lesbian/gay community since 1976.*

Atlanta Gay Men's Chorus
P.O. Box 77114, Atlanta, GA 30357-1114, 627-7830.
A choral group for men.

Atlanta Lesbian & Gay Pride Committee
P.O. Box 54024, Atlanta GA 30305, 325-4435. *Pride March org.*

Atlanta Lesbian Feminist Alliance
P.O. Box 5502, Atlanta GA 30307, 378-9769. *Well established feminist organization with a range of activities.*

Atlanta Team Tennis Association
P.O. Box 52693, Atlanta, GA 30355-0693 621-2699. *Coordinates and promotes competitive tennis.*

Atlanta Venture Sports
P.O. Box 7718, Atlanta GA 30309, 242-4899. *For people interested in a variety of hobbies, sports, and social activities.*

Atlanta Women's Social Tennis
2103 North Decatur Rd, Ste 141, Decatur, GA 30033, 662-GAME. *Atlanta's lesbian tennis organization.*

Auburn Gay & Lesbian Association
P.O. Box 821, Auburn Uni., AL 36831-0821. *Gay/lesbian organization for Auburn.*

Behind the Walls
c/o Michael Stollis, P.O. Box 5000-17829, Oakdale, LA 71463. *Outside contacts and pen pal services for incarcerated gay/bi males.*

Black & White Men Together
P.O. Box 1334, Atlanta GA 30301-1334, 892-BWMT. *Gay interracial organization for overcoming cultural and racial barriers.*

Bar Owners Association
P.O. Box 15114, Atlanta, GA 30333-0114. *Networking opportunities for Atlanta's gay/lesbian bar owners.*

Butterfly Group
378-4404. *Support group for lesbians who are themselves or the friend, mother, sister or lover of manic-depression, depression or schizophrenia-affected women.*

Coming Full Circle
P.O. Box 11591, Atlanta, GA 30355, 624-1799. *Education and support network for African American lesbians and gays.*

Congregation Bet Haverim
P.O. Box 54947, Atlanta GA 30308-0947, 642-3467. *Atlanta's Reconstructionist Synagogue serving the lesbian and gay community.*

Delphi
P.O. Box 14591, Atlanta, GA 30324. *Ancient, mystic brotherhood.*
A Different Voice
800 N. Highland Ave., Atlanta, GA 30306, 955-0296. *A choral group of gay men.*

Dixie Invitational Bowling Organization
PO Box 7442, Atlanta, GA 30309, 794-2968. *For bowling enthusiasts.*

Emory Lesbian & Gay Organization
P.O. Box 23515, Emory Univ., Atlanta GA 30322, 727-6692. *For gay/lesbian members of the Emory University community.*

Evangelical Outreach Ministry/Atlanta
P.O. Box 7882, Atlanta GA 30357. *For gay/lesbian evangelicals.*

First City Network, Savannah
Box 2442, Savannah GA 31401, (912) 236-CITY. *Advocacy and Service organization in Savannah, Georgia's First City.*

First Metropolitan Community Church
800 N. Highland Ave., Atlanta GA 30306, 872-2246. *Metropolitan Community Church fellowship in Poncey-Highlands.*

Fourth Tuesday
P.O. Box 7817, Atlanta GA 30309, 662-4353. *A networking organization for lesbian professionals and entrepreneurs.*

Friday Night Lesbian Support Group
627-7387. *Support group for lesbians.*

Front Runners Atlanta
P.O. Box 14252, Atlanta GA, 30324, 622-0739 or 438-1421. *Atlanta's gay and lesbian running club.*

GALANO Club
500-C Amsterdam Ave, Atlanta GA 30309, 881-9188. *Gay and Lesbian AA meetings daily, all hours.*

Gay Atlanta Nudist Group (GANG)
P.O. Box 7546, Atlanta GA 30357 *Nude social and recreational club (non-sexual) for gay men.*

Gay Catholics of Georgia and Friends
P.O. Box 14342, Atlanta GA 30324, 409-0203. *For gay Catholics and their friends.*

The Atlanta Gay Center's Helpline
892-0661. *Referrals and information, or just a sympathetic person to listen. Staffed by trained volunteer counselors since 1979. Voice and TDD.*

Gay Fathers of Atlanta
296-8369
Bi-monthly support group meetings for gay men with children.

Gay and Lesbian Alliance
50291 Georgia Tech Station, Atlanta GA 30332, 497-0468. *For the Georgia Tech gay/lesbian community.*

Gay/Lesbian Parents Coalition, International/Atlanta
P.O. Box 724291, Atlanta GA 30339, 296-8369. *For gay and lesbian parents; local chapter of international organization.*

Gay & Lesbian Student Alliance
P.O. Box 1817 University Plaza, GA State Univ., Atlanta GA 30303, 261-2079. *For gay/lesbian members of the GSU community.*

Gaylactic Network
P.O. Box 127, Brookline, MA 02149
An organization for gay/lesbian science fiction enthusiasts.

Georgia Association of Physicians for Human Rights
P.O. Box 14652, Atlanta GA 30324, 231-2251. *Information and interpretation of medical issues in the community.*

Georgia Girth and Mirth
P.O. Box 190972, Atlanta, GA 31119-0972, 621-5710. *A social and support group for large gay and bisexual men and their admirers.*

Georgia Political Awareness Coalition
P.O. Box 8420, Atlanta GA 30306, 872-8095. *Political action committee for the Atlanta lesbian/gay community.*

Grant Park/Aldersgate Methodist Church
627-6221. *A reconciling congregation.*

Gwinnett County Lambda Group
3092-B Cruise Road, Lawrenceville, GA 30244. 871-GAYS. *Social and recreational activities.*

Hotlanta Soccer Association
430 McGill Place, Atlanta GA 30312 577-0418. *Coordinates and promotes competitive soccer play for men and women.*

Hotlanta Softball League
P.O. Box 14582, Atlanta, GA 30324 873-4061. *Coordinates and promotes competitive softball play for men and women.*

Hotlanta Volleyball
621-5062. *Coordinates, promotes competitive volleyball play.*
Integrity, Atlanta
P. O. Box 13603, Atlanta GA 30324, 642-3183. *The gay/lesbian organization for Episcopalians.*

InterAct of Atlanta
732-0909. *Social group for gay men and women.*
Lambda Group of NA
P.O. Box 77613, Atlanta, GA 30357. *NA's outreach to the gay/lesbian communities.*

Legislate Equality for Gays & Lesbians
P.O. Box 54167, Atlanta GA 30308, 286-7476. *A voice for lesbians and gays in the Democratic party.*

The Men of Little Five Points
P. O. Box 5425, Atlanta GA 30307, 523-1611 or 584-6679. *Neighborhood-social organization for gay men in the Candler Park, Inman Park, Poncey-Highland and Lake Claire areas.*

The Montgomery Medical & Psychological Institute (MM&PI)
P.O. Box 33311, Decatur, GA 30033 603-9426. (Augusta Chapter of MM&PI, P.O. Box 6553, Augusta, GA 30916-6553) *Transsexual support group and professional referrals.*

Parents & Friends of Lesbians & Gays
P.O. Box 8482, Atlanta GA 30306-9998, 875-9440 or 691-4729. *Group for gays and lesbians and their friends and families.*

Peachtree Rainbow Deaf Society
P.O. Box 872, Clarkston, GA 30021-0872, TTY:875-4999, Voice: 458-8747. *Serving deaf gays and lesbians.*

Presbyterians for Lesbian/Gay Concerns
P.O. Box 8362, Atlanta GA 30306 373-5830. *The gay/lesbian organization for Presbyterians.*

Prime Timers/Atlanta
P.O. Box 2523, Forest Park, GA 30051, 633-3955. *Organization serving older gay and bisexual males.*

Queer Nation/Atlanta
P.O. Box 54032, Atlanta GA 30308, 605-7396. *Organization promoting the positive visibility of gays and lesbians.*

Republicans for Individual Freedoms
2980 Cobb Parkway, Ste. 192-172, Atlanta, GA 30339. *Gay Republican group.*

Savannah Gay AA/NA
(912) 927-0839. *Gay Alcoholics Anonymous and Narcotics Anonymous for Savannah area.*

Southeastern Arts, Media and Education Project, Inc.
P.O. Box 54719, Atlanta GA 30308, 881-0817. *Organization dedicated to utilizing the arts to promote understanding.*

Southeastern Conference For Lesbians & Gay Men
P.O. Box 28863, Raleigh, NC 27611-8863, 919-833-1209. *Oldest gay & lesbian regional conference in the United States.*

SouthEast Gay Rodeo Association
P.O. Box 8262, Atlanta, GA 30306, 938-0609. *Promotes amateur rodeo events and related country western activities.*

Southern Country Atlanta
P.O. Box 8262, Atlanta GA 30306 938-0609. *A social organization promoting Country/Western dance.*

Support Group for Battered* Lesbians,
(*and formerly battered lesbians) Name the violence. Break the silence. 370-1317.

TRICKS Bridge Club
2980 Cobb Parkway, Ste. 192-172, Atlanta, GA 30339. *Weekly bridge games for gays and lesbians.*

U.S.A. (Uniformed Services Activity)
P.O. Box 6057, Arlington, VA 22206, 1-800-988-4079. *Social, medical, legal and educational network for gay/lesbian military and DoD civilians.*

Women in Kahoots (WINK)
1003 Hicksmill Road, S.W., Marietta, GA 30060. *Cobb County group for women.*

Women of Wisdom
3188 Bobbie Lane, Decatur, GA, 284-9269. *Social and service organization for women.*

Women's Social Tennis Organization
662-GAME, *networking for learns, lessons, recreation and social events.*
Young Adult Support Group
63 Twelfth St., Atlanta GA 30309, 876-5372. *Support group for younger gays and lesbians between the ages of 14 to 24.*

Send your organization's listing or update to:
The News, 63 Twelfth Street, NE, Atlanta GA 30309

COMMUNITY

WEEKLY

WEEKLY

UPCOMING

Sundays

- **PLUS, HIV Positive Support Group** 6 p.m., Free of charge. At the Atlanta Gay Center, 63 Twelfth St. For information call 876-5372.
- **Gay Graffiti WRFG radio** 89.3 FM, 8-9:00 p.m., music and talk about Atlanta's gay/lesbian community.
- **Alicia Banks WRFG radio** 89.3 FM, 1-4:00 a.m., featuring the musical and literary voices of black women.
- **First Metropolitan Community Church** services, 11a.m. at 800 N. Highland Ave. Info: 872-2246.
- **All Saints Metropolitan Community Church** services. Info: 622-1154.
- **Gay Catholics of Georgia and Friends** Info: 409-0203.
- **Grant Park/Aldersgate Methodist Church** services. Info: 627-6221.
- **Integrity/Atlanta** Info: 642-3183.
- **Presbyterians for Lesbian/Gay Concerns** Info: 286-7476.
- **Hotlanta Soccer** practices in Piedmont Park. Info: 577-0418
- **AVS Volleyball** Info: 242-4899.

Mondays-Thursdays

- **Atlanta Gay Center Clinic**, 5:30-9:30 p.m., 67 Twelfth St., Confidential screening of sexually transmitted diseases. Anonymous HIV antibody testing. Arrive by 9:00 please. Info: 876-5372.

Mondays

- **BWMT Rap Group**, Info: 892-BWMT.
- **NAPWA's Positively Living** group for people with HIV infection, 7:30-9:30 p.m. Info: 874-7926.
- **AVS volleyball**. Info: 242-4899.
- **Out in Atlanta**, a locally produced talk/variety TV show, broadcast on Prime Cable's Channel 12, 10:30-11:00 p.m., Monday's broadcast is repeated Wednesdays 3:30-4:00 p.m.

Tuesdays

- **ACT UP Meeting**, 7:30 p.m., at NAPWA, 44 12th Street. Info: 874-6782.
- **PWA Tuesday Night Dinners**, 6 p.m., Shrine of the Immaculate Conception, 48 Martin Luther King Dr., Info: 521-1866.
- **A Different Voice** chorus meets at First MCC, 7:30 p.m., Info: 955-0296.

Wednesdays

- **Front Runners** weekly fun run, 6:15 p.m. in the lower parking lot of Piedmont Park. Info:

622-0739 or 438-1421.

Thursdays

- **Young Adult Support Groups**. Youth from ages 14-24 meet from 6:30-8:00 p.m. 63 Twelfth St. For information call 876-5372.
- **Quilting Bee**, 7:30-10 p.m., First MCC, 800 N. Highland Ave., Info: 872-2246.
- **AVS Volleyball**. Info: 242-4899.

Fridays

- **Lambda Group of Narcotics Anonymous**, 8pm, 731 Peachtree at 4th, rear bldg. of Lutheran Church, upstairs. Info: 237-6262
- **PLUS, HIV Positive Support Group**. 8 p.m., Free of charge. At the Atlanta Gay Center, 63 Twelfth St. For information call 876-5372.
- **Congregation Bet Haverim** services (except 2nd Friday), 8 p.m., at Atlanta Friends Meeting-house, 701 West Howard Ave., Decatur. Info: 642-3467.
- **Women's Social Tennis**—Round Robin, 7:30-9:30 at Chastain Park Tennis Courts. 662-GAME.
- **Lesbian Support Group**, 7:30 p.m., Fridays. Location varies. Call , 627-7387.
- **First MCC Coffeehouse**, 8-10:00pm. Info: 872-2246.
- **Chrysalis Women's Center** Lesbian Discussion Group, 7:00-8:30 p.m. Info: 881-6300.
- **Hotlanta Volleyball**, 7-11 p.m., Hellenic Center, Cheshire Bridge Rd., Info: 621-5062.

Saturdays

- **'Coming Out' Support Group**, 4 p.m., Free of charge, At the Atlanta Gay Center, 63 Twelfth St. For information call 892-0661.
- **Atlanta Team Tennis Association** at Glenlake Tennis Center, 12:00 noon thru 2:00pm. Info: 621-2699.
- **AVS Walking & Bicycling**. Info: 242-4899.

Friday, August 7

- **AVS board games**, 8:00 p.m. Info: 242-4899.

Saturday, August 8

- **Gwinnett Lambda** monthly potluck. Info: 871-GAYS.

Sunday, August 9

- **Shoot the Hootch** with AVS. Info: 242-4899

Monday, August 10

- **BWMT Rap Group** "Gay Separatism: Communities within a community," 8 p.m. Info: 892-7321.

Friday, August 14

- **Integrity/Atlanta Chapter Meeting**, 7:30 p.m., on the third floor of the Parish House, All Saints Episcopal Church, 634 W. Peachtree. Info: 642-3183.

Saturday, August 15

- **Pool Party with AVS**. Info: 242-4899. Sunday, August 16

Monday, August 17

- **BWMT Rap Group** recaps the NABWMT Convention, 8 p.m. Info: 758-4034.

**LITTLE
FIVE POINTS
PHARMACY
524-4466**

484 Moreland Ave., N.E. Atlanta

U.P.S.

Federal Express

Old Fashioned

Fountain Service

We Will Deliver Your Prescription

Send your organization's listing or update to:
The News, 63 Twelfth Street, NE, Atlanta GA 30309.

AUGUST 1992

Community Calendar listings are a public service and are free of charge. Send information on events by the 15th of the preceding month to: The News, The Atlanta Gay Center, 63 12th St., Atlanta GA 30309. The Atlanta Gay Center does not endorse public events or organizations which segregate on the basis of race, gender, sexual orientation, religious belief, national origin, physical ability, or age. Such listings in the Calendar are indicated by an asterisk ().*

E V E N T S

U P C O M I N G

U P C O M I N G

U P C O M I N G

Tuesday, August 18

- thru Aug. 22, 1992 Gay Softball World Series, in Los Angeles.

Thursday, August 20

- Report from the 5th International Feminist Bookfair—Linda Bryant reports on the Amsterdam gathering, 7:30 p.m. at Charis Books & More. Info: 524-0304.

Friday, August 21

- AVS board games, 8:00 p.m. Info: 242-4899.

Saturday, August 22

- "The White Party," a benefit for Project Open Hand, at Piedmont Grove (Tenth St. and Monroe Dr.), 8:30 p.m., \$30 (tickets available at The Boy Next Door). Info: 525-4737.
- thru Aug. 23, BWMT trip to Chattanooga. Info: 365-1753.
- Whitewater rafting down the Chattooga River with AVS and the Tarheel Outdoor Sports Fellowship. Info: 242-4899.

Sunday, August 23

- First MCC workshop, "Homosexuality and the

Bible," 2:30 p.m., Chip Carson leading discussion. Info: 892-2246.

Monday, August 24

- BWMT Rap Group views Marlon Riggs' "Color Adjustment," 8 p.m. Info: 523-8285.

Wednesday, August 26

- thru Aug. 30, International Conference on Transgender Law and Employment Policy, at Hilton Southwest, 6780 Southwest Freeway, Houston, TX. Registration info: 1-800-545-0064 (Hilton), or write: GCTC, P.O. Box 90335, Houston, TX 77090. This event is sponsored by the Gulf Coast Transgender Community, 5707 Firenza Street, Houston, TX 77035-5515, (713) 723-8368.
- AVS at the Braves game. Info: 242-4899.

Thursday, August 27

- Marianne Osiel—performing her music, 7:30 p.m. at Charis Books & More. Info: 524-0304.
- Integrity/Atlanta Chapter Meeting, 7:30 p.m., on the third floor of the Parish House, All Saints Episcopal Church, 634 W. Peachtree. Info: 642-3183.

Saturday, August 29

- Waterfall hiking with AVS. Info: 242-4899.

Monday, August 31

- BWMT Rap Group on "Happy Being Gay," 8 p.m. Info: 875-8421.

Saturday, September 5

- BWMT Potluck. Info: 892-BWMT.

Friday, September 11

- Integrity/Atlanta Chapter Meeting, 7:30 p.m., on the third floor of the Parish House, All Saints Episcopal Church, 634 W. Peachtree. Info: 642-3183.
- AVS board games. Info: 242-4899.

Friday, September 25

- Integrity/Atlanta Chapter Meeting, 7:30 p.m., on the third floor of the Parish House, All Saints Episcopal Church, 634 W. Peachtree. Info: 642-3183.

Wednesday, September 30

- thru Oct. 4, Southern Comfort, a series of seminars devoted to the exploration of gender issues and alternative lifestyles, held in Atlanta. Info: Southern Comfort, P.O. Box 33311, Decatur, GA 30033, (404) 603-9426.

Dear Friends:

This letter is for all those interested in forming a gay outdoor sports group. Here is where we are right now. The announcement has been running in Creative Loafing since April, and we have been averaging one inquiry each week after an initial group of letters when we first placed the notice. As of early June, it appears that we have about 25 interested people who have either answered the ad, attended the first meeting, or I personally know are interested as I have been on outdoor trips with them recently and they've seen enthusiastic about the idea.

For those of you who were not able to attend the May meeting or who have recently responded to the announcement, the idea is to get to know other gay males in Atlanta who have an interest in outdoor activities such as camping, hiking, backpacking, caving, rafting, canoeing, kayak paddling, rock climbing, rappelling, bike riding, mountain biking, sailboarding—anything else along these lines.

The group is starting out as a fairly loose word-of-mouth type association, although if momentum develops, more formalized organization could follow. There are no fees, rules, or any type of formal organization now, so anyone interested should plan on attending the next meeting. Note that no particular level of experience is required, and several members of our group are just getting started in these outdoor activities.

Some dates and things to plan for coming up:

August 7, 8, 9: I will lead a three day backpack trip for our group and the Tarheel Outdoor Sports Fellowship (TOSF). This trip will be moderately difficult and strenuous. It will be in the Joyce Kilmer/Slickrock Creek area.

August 29 and 30: Shelton will probably lead a campout trip to the Horsepasture River areas. This trip may also involve members of TOSF, AVS in Atlanta, or Frontrunners in Atlanta.

For the Fall: Look forward to one or more campout trips with the TOSF group. Also, I may lead a canoe-camping trip and we should try to schedule some easy day hikes near Atlanta.

Thursday evening, August 20 at 8:00 p.m. will probably be our next meeting. On the agenda: meet new members, fall trip calendar, take suggestions for and name for the club, and other ideas anyone has. Call David, Brad or Shelton for time and place.

For more information on these activities or any aspect of the club, contact me, David, at 875-0187, Brad at 873-1650, or Shelton at 875-1690.

See you soon, David

for your health care needs...

call

Virginia Soules, M.D.

General Practice

- ✓complete physicals
- ✓office gynecology
- ✓prompt visits for acute problems



1860 Rock Springs Road, N.E.
Atlanta, Georgia
(404) 876-8889

AIDS Services

Community-Based Service Organizations

The Atlanta Gay Center, Inc.	876-5372
AIDS Research Consortium of Atlanta	876-2317
National Association of People with AIDS (Atlanta Chapter)	874-7926
First Metropolitan Community Church	872-2246
AIDS Care Coordinated, Inc.	371-9433
AID Gwinnett	466-7972
AID Atlanta	872-0600
Good Samaritan Project	873-4589
Project Prevail	266-3830

Outside Metro Area

AIDS Area Network (Dalton)	278-8857
AIDS Athens	542-AIDS
AIDS Coastal Empire (Savannah)	1-912-236-5953
AIDS Community Task Force of West Central Georgia	545-4041
AIDS Crisis Volunteers of Augusta	733-9000
Central City AIDS Network (Macon)	742-AIDS
Coastal Area Support Team (Brunswick)	1-912-264-2111
Wellness Associates (Valdosta)	1-912-244-4248
Chattanooga CARES	1-615-266-2422
Palmetto AIDS Life Support Service (S.C.)	1-800-868-7257

HIV+/AIDS Support Groups

The Atlanta Gay Center PLUS Groups	876-5372
Congregation Bet Haverim's AIDSCHAM	642-3467
AID Atlanta	874-6517
Project Prevail (Michael Milligan)	266-3830
DeKalb General Hospital (Gail Bogart)	297-5400
Parent to Parent (bereavement support)	498-1535 or 993-4200
Circle of Healing (First Existentialist Church)	378-5570
Positive Approach for Living Support Group (Chuck Vickers)	656-5736
Veterans Positive (VA Hospital, extension 7086)	321-6111
Mothers of PWAs	956-8179
POOH (Positive Outlook on Health, a social group)	872-9954
NAPWA Positive Living	874-7926
WATCH (DeKalb Addiction Center)	874-3588
Grady Women's Support Group (Lydia Walker)	222-2444
GAPHR support group for physicians and dentists	634-0672

Rehabilitation Services

Art Thomas, Georgia Department of Human Resources	350-4758
Center for Visually Impaired	875-9011
American Cancer Society (Fulton/Atlanta)	350-0294

Substance Abuse Counseling/Education/Support

GALANO Club (gay/lesbian AA & AI-Anon)	881-9188
Gay Helpline (6pm-11pm)	892-0661
Alcoholics Anonymous	525-3178
Lambda Group of Narcotics Anonymous	237-6262
Cocaine Anonymous (Atlanta)	255-7787
Georgia Drug Abuse Hotline	1-800-338-6745
Nar-Anon (Families of Drug Abusers)	633-2421
AI-Anon	843-0311
Fulton County Alcohol Treatment Center	730-1616

Community Education and Outreach

Emory AIDS Training Network	727-2929
The Atlanta Gay Center, Inc.	876-5372
AIDS and Substance Abuse Speakers Network (Lee Kearney)	977-7797
Morehouse School of Medicine AIDS Program	752-1882
Outreach, Inc.	873-5992
Lifeboat (Decatur)	243-4158
Women's AIDS Prevention Project	351-7105
Hemophilia of Georgia, Inc. (Ann Hunter)	256-1212
AID Atlanta	872-0600
American Red Cross	881-9800
Rehabilitation-Exposure, Inc.	289-2626

Food Services

Project Open Hand	525-4620
First Metropolitan Community Church	872-2246
Hunger Hotline	521-3663

Housing

Art Thomas, Georgia Depart. Human Resources	350-4758
---	----------

AIDS Care Coordinated, Inc.	371-9433
Jerusalem House, Inc.	527-7627
AID Atlanta	872-0600
Childkind, Inc.	246-0819

Spiritual Support

Rev. Sally Daniel (United Methodist)	627-6221
Father Dillman (Catholic)	521-1866
Father Isaias Rodriguez (Episcopal, Spanish speaking)	885-1386
Father Emmanuel Gordon (St. Paul of the Cross)	696-6704
First Metropolitan Community Church (gay/lesbian)	872-2246
Atlanta Interfaith AIDS Network (Cathryn Kartledge)	874-8686
Integrity (Episcopal)	875-2720
Dr. Page Fulgham (Baptist/Gwinnett County area)	963-5121
Congregation Bet Haverim (Jewish)	642-3467

Hospice Programs

Hospice Atlanta	527-0740
Grady Hospice	589-3496
Northside Hospice	851-6300
Peachtree Hospice	457-0700
Hospice of the South	252-1187
VA Medical Center/Atlanta	728-7680

Financial/Medical (rent, food, clothing, utilities, etc.)

Department of Family and Children Services	894-4461
Fulton County	651-8306
DeKalb County	371-3300
American Lung Association (Zenda Bowie)	872-9653
Midtown Ecumenical Assistance Center (MEAC)	753-7880
Salvation Army	892-7930
Department of Medical Assistance Fulton County	656-6060
Department of Medical Assistance DeKalb County	370-5000
Social Security Administration	1-800-234-5772
Veteran's Benefits	(404) 881-1776 or 1-800-827-2039
Atlanta Buyer's Club	404-874-4845

Hotlines/Information/Referral

Gay Helpline (6pm-11pm, The Atlanta Gay Center)	892-0661
The People Project (The Atlanta Gay Center)	876-5372
National AIDS Hotline	1-800-342-2437
Emergency Mental Health (suicide/crisis)	
Fulton County	730-1600
DeKalb County	892-4646
Insurance Commissioner of Georgia	656-2056
Project Inform (San Francisco)	1-800-822-7422
PWA Coalition Newsline	1-800-828-3280
National AIDS Hotline Spanish Access	1-800-344-7432
National AIDS Hotline for the hearing impaired	1-800-243-7889
National AIDS Hotline Clinical Trials	1-800-874-2572
National AIDS Hotline for Teenagers (4pm-8pm)	1-800-234-8336
Hemophilia Hotline (Georgia)	1-800-562-1800
AZT Information	1-800-342-2437
National AIDS Information Clearinghouse	1-800-458-5231
Centers for Disease Control (Public Information)	639-3534
Grady AIDS Clinic	222-2440
Georgia Dept Human Resources AIDS Project	894-5304
DHR AIDS Information Line	876-9944 or 800-551-2728
Feminist Women's Health Center	874-7551
Parents and Friends of Lesbians and Gays	961-6085

Legal services

AIDS Legal Project (Atlanta Legal Aid)	688-5433
--	----------

Other

Living AIDS Memorial Park Project (LAMP Project) .. PO 8421, Atlanta, GA 30306-0421	
NAMES Project	442-3961
Memorial Society of Georgia (funeral planning)	634-2896

Primary sources: **The People Project** of the Atlanta Gay Center and
Key Contacts published by Emory AIDS Training Network
 To update a listing, or if your organization is not listed, contact **The People Project** at the Atlanta Gay Center, 63 Twelfth St. N.E. Atlanta, GA 30307

CDC to gather experts for meeting on mystery AIDS like illness

by Lauran Neergaard
Associated Press Writer

(AP) — Federal health officials, prompted by uproar over the discovery of a new AIDS-like illness in patients who don't have the HIV virus, want the nation's top AIDS experts to meet next month to try to identify the disease.

The Atlanta meeting, announced Thursday, July 30, by the Centers for Disease Control, will be the first chance for scientists to compare notes on the new disease since 26 cases came to light earlier this month.

"It is important to determine whether some or all of these cases might be caused by an infectious agent and, if so, determine how that agent is transmitted and prevented," said Dr. James Curran, CDC's deputy director for AIDS.

The CDC hasn't set a date for the meeting.

Curran emphasized that it's premature to call the new disease a type of AIDS.

But it, like the HIV virus that causes AIDS, suppresses the immune system so other diseases can ravage the body.

The 26 known patients all have very low numbers of the body's master immune cells — white blood cells called CD4s.

But they have all tested negative for HIV, and 16 have none of the known risk factors for AIDS infection. Five had received blood transfusions and five were homosexual men.

Other illnesses, such as cancer, can also cause a suppressed immune system, but researchers have ruled them out in the 26 cases.

Also, the CDC belatedly released data on five of the 26 known cases of the mysterious illness.

The CDC began investigating the disease in 1989, but didn't publish the information because officials didn't believe the illness was widespread or a threat, Curran said.

Then, at the International Conference on AIDS in Amsterdam this month, other doctors reacted to media reports of the disease by divulging that they also were quietly studying the disease.

Dr. Sudhir Gupta of the University of California, Irvine, had found it in 10 people and Dr. David Ho of Aaron Diamond Aids Research Center in New York had found it in four.

Were it not for the uproar that caused these doctors to discuss their preliminary work, "we would still be taking the same approach to the problem," Curran said. "It was a catalyst.

"Had we reported these cases two months ago, it's hard to know what impact that would have had."

The disease was first diagnosed in a patient as early as 1983, Curran said. But cases were mentioned only in passing in medical reports through the years.

The CDC tracked down five such cases. It detailed the cases in a report Thursday, July 30, even though the data had already been published in news reports from the AIDS conference.

The cases include three men and two women, ranging in age from 38 to 70, who were all HIV-negative, had very low CD4 counts and had the same infections found in AIDS patients. Two had received blood transfusions, but the others reported none of the AIDS risk factors. ▼

AIDS
Research
Consortium
of Atlanta, Inc.

presents the 4th
annual
AIDS Research
Update:
A Public Forum
on the 8th
International
Conference on
AIDS
Atlanta Civic
Center

Wednesday, August 26

5:30 - 7 pm HIV Health Fair
7-10 pm Forum

Free and open
to the public.

info:876-2317

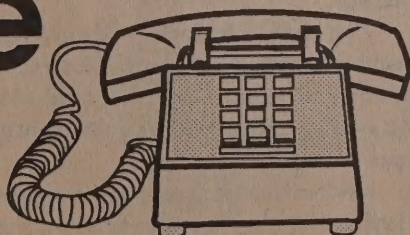
the Atlanta Gay Center's

Helpline

Daily, 6-11pm

892-0661

TDD



Study predicts vast worldwide epidemic by year 2000

by Daniel Q. Haney
AP Science Writer

(AP) — A new report on AIDS predicts a far grimmer future than previously forecast, warning that more than 100 million people on every corner of the Earth could be infected by the end of the decade.

"This is a global epidemic that is heading out of control," Dr. Jonathan Mann, who coordinated the Harvard University study, said Wednesday, June 3.

"The current response cannot succeed and must be changed, because it underestimates both the scope of the problem and what will be needed to deal with it. What is needed is a new global strategy."

Mann is director of Harvard's International AIDS Center and a former head of the World Health Organization's AIDS program in Geneva. The WHO's predictions on AIDS have been far less pessimistic than his new ones.

Dr. Michael Merson, head of the WHO's AIDS program, defended his organization's predictions and its response to the epidemic. He said the WHO already has a new AIDS strategy, emphasizing better AIDS care, increased treatment of other sexually transmitted diseases and more effort at curbing AIDS in women.

"What is wonderful is we have a new global strategy that has been adopted by every country in the world, and we are ready to move forward with

it," he said.

The Harvard study was prepared by a team of 40 experts and will be published later this year as an 800-page book called "AIDS in the World 1992." Its predictions were based on a survey of 30 epidemiologists from around the world.

The team estimates that 2.6 million people around the world already have AIDS, and at least 13 million are infected with the AIDS virus. The WHO estimates 1.5 million AIDS cases and 9 million to 11 million infections.

The study predicts that by the year 2000, between 38 million and 110 million adults, and more than 10 million children, will be infected with the virus. About 24 million adults and several million children will have developed AIDS — up to 10 times as many as today.

The WHO forecasts 10 million AIDS cases and 30 million to 40 million infections by then.

"Probably the absolute numbers are less important than the message of this consensus, that the picture may be more pessimistic than others have suggested," commented Dr. Ann Mary Kimball, director of the Washington state AIDS program.

The report also predicts a sizable shift in the worldwide location of AIDS cases. It says that by the year 2000, 42 percent of all AIDS infections will be in Asia, surpassing the 31 percent in sub-Saharan Africa.

The proportion of women infected is rising

dramatically, from 25 percent of the total in 1990 to 40 percent this year.

The report contends that a new strategy to stop the epidemic, or at least slow it down, is urgently needed.

"When we see this accelerating increase and a response lacking, we think there is potential for a lot of danger," said Thomas Netter, an editor of the study. "Health systems become wrecked; land becomes depopulated; land lies fallow; the economically productive members of society die off."

When the epidemic was first recognized in 1981, an estimated 100,000 people around the world were already infected. Now, even by the WHO's figures, at least 90 times that many have gotten the virus.

In the last five years alone, the Harvard report says, the number of AIDS infections among Africans has tripled, from 2.5 million to over 7.5 million.

The virus has spread explosively in Asia recently. In Thailand, Burma and India, more than 1 million people are believed to be infected.

The report identifies 57 countries where there is high risk of AIDS spreading. They include several countries that have escaped the worst of the epidemic so far, including Bolivia, Egypt, Indonesia and the Philippines.

It predicts that no place in the world will escape the epidemic. AIDS cases are now being reported in such remote spots as Greenland, Fiji and Samoa. ▼

Reports show AIDS vaccines promising

(AP) — Immune system response to an AIDS vaccine improves with an interval of at least four months between the first shot and a booster, a Vanderbilt University researcher will report today.

"We have found that the interval between priming and boosting is important and that the longer the interval, the higher the response," Dr. Barney Graham said.

Graham discussed the findings before leaving to give a report today at the International AIDS Conference in Amsterdam, the Netherlands. "This approach still induces a high magnitude of antibody response."

The finding means studies of a vaccine to prevent acquired immune deficiency syndrome cannot proceed as quickly as researchers would like, said Graham, director of the Vanderbilt AIDS

Vaccine Evaluation Unit.

"You don't get results as fast because every experiment has to be six or eight months long," he said.

Many researchers believe a vaccine to prevent AIDS is more likely than a cure for the fatal virus.

More testing is needed before a potential vaccine is ready for large-scale clinical trials, Graham said.

"We are no longer limited by the numbers of products or ideas we have, but by the speed with which we can recruit volunteers," he said, adding that a vaccine could be available within the next 10 years.

Graham reported at last year's conference in Florence, Italy, that the primer-booster approach

tested here had produced the greatest immune response so far in AIDS vaccine trials.

Eight potential vaccine products are being tested in 14 different trials at Vanderbilt and four other U.S. medical centers.

The primer-booster approach involves modifying the vaccinia virus, which was used in the vaccine that eradicated smallpox, with a protein called from the shell of the human immunodeficiency virus that causes AIDS. The same protein in a purified form is used in the booster shot.

The idea is that the body's immune system will produce memory cells that could recognize the same protein in HIV should the vaccinated person become infected. The immune system would then produce antibodies that could attack and kill the virus. ▼

Topics presented at the International Conference on AIDS in Amsterdam

(AP) — Here is a list of some of the Connecticut research presented at the International Conference on AIDS:

—A profile on over-hospitalization of AIDS patients. June Holmes, a social worker who manages Yale-New Haven Hospital's AIDS program, said a study of six months of hospital records covering 130 patients hospitalized a total of 3,000 shows that a third of the patient days were unnecessary.

—A two-year study on New Haven's needle-exchange program. Edward H. Kaplan, an associate professor at Yale, will present new results that bolster his earlier estimate that the program cut HIV infection by one-third among the addicts who come to the van to get clean needles.

—Dr. Gary Blick of Greenwich will present results of an 18-month study of VaxSyn, a vaccine developed by MicroGeneSys Inc. of Meriden, on 14 people who have full-blown AIDS or symptoms of the disease and 16 people who are infected with HIV but have no symptoms AIDS. The 16 patients with HIV infection all created new antibodies "that appear capable of neutralizing HIV" within six months of the first immunization, while the other

14 patients continued to contract AIDS-related diseases, Blick said.

—Yale researchers will present early results on D4T, a promising new drug that attacks replication of the AIDS virus. It targets a different part of the viral replication cycle than AZT does.

—A study by Yale AIDS program nurse practitioner Ann Williams that women infected with the AIDS virus are significantly more likely than to also be infected with the human papilloma virus, which is linked to cervical cancer. Williams, an associate professor at the Yale School of Nursing, says her study provides further evidence that doctors must aggressively look for the cancer in HIV-positive women.

—A Yale study of HIV infection in women's prisons.

—The behavioral and psychological consequences of HIV testing in women.

—The effects of beta-carotene supplements on a weakened immune system.

—Dr. Gerald Friedland, director of Yale's AIDS program, will give an address on the different forms AIDS takes in women, children and minority groups. ▼

HIV/AIDS Surveillance

U.S. AIDS cases reported through June 1992

Male (Adult) exposure category

Men who have sex with men	130,822
Injecting drug use	39,364
Men who have sex with men and inject drugs	14,487
Hemophilia/coagulation disorder	1,834
Heterosexual contact	5,521
Receipt of blood transfusion, blood components, or tissue	2,843
Other/undetermined	7,083
Male subtotal	201,958

Female (Adult) exposure category

Injecting drug use	12,113
Hemophilia/coagulation disorder	41
Heterosexual contact	8,524
Receipt of blood transfusion, blood components, or tissue	1,816
Other/undetermined	1,829
Female subtotal	24,323

Pediatric (<13 years old) category

3,898

Total 230,179

Where to find a copy of

The News

- AID Atlanta
- Ansley Books
- Ansley Cole Florist
- Ansley Forest Apts..
- Ansley Health Center
- Ansley Mall Laundry Lounge
- Ari's Health Market
- Armory
- Backstreet
- Backstreet Boutique
- Binders
- Blake's
- Border's Books
- Boy Next Door
- Brushstrokes
- Buddies
- Burkhardt's
- Charis

- Colony Square Health Club
- Costume Architects
- Cove
- Crazy Ray'z
- The Darlington Apartments.
- Deana's One Mo' Time
- Dunk 'n' Dine (Cheshire Bridge)
- E.D.'s Gourmet Records
- Eagle
- Emory University
- Eurotan
- Feminist Women's Health Center
- First Existentialist Congregation

- First MCC
- 551 Downstairs
- Frank's Place
- GALANO Club
- Gallus
- Garden Hills Cinema
- Georgia Tech
- Georgia State University.
- Gorins on Ponce
- Hairanoia
- The Heretic
- Let the Music Play
- Little Five Points Pharmacy
- Loretta's
- Montana Mane Stable
- Morningside Chase
- Morningside
- Chiropractic

- New Order
- The Other Side
- Oxford at Buckhead
- Oxford Books
- Oxford, Too
- Phoenix
- Plaza Drug
- Plaza Grill
- Poster Hut
- SAME
- San Jose
- Scandals
- Screening Room
- Seven Stages
- Sevenanda
- Showcase Cinema
- Small Press Books
- Subway (10th St.)
- Tapatio
- Tin Lizzie

- Turtle's (at Peachtree Battle)

To distribute
The News
at your location,
call 876-5372

Amsterdam — host to International AIDS conference fights HIV with education and tolerance

by Jerome Socolovsky
Associated Press Writer

(AP) — When teacher Jurjen van den Berg told the school board he had the AIDS virus, the parents of all his pupils were informed so rumors would not affect his classroom work.

The traditional tolerance of Dutch society kept van den Berg in his job and also helped attract the world's largest conference on AIDS to Amsterdam, where it will be held July 19-24.

Boston was the original choice for the International Conference on AIDS, but gay activists threatened to disrupt it because of U.S. visa restrictions on carriers of the HIV virus, which causes the deadly disease.

Joost Ruitenbergh, conference co-chairman, said it was moved to Amsterdam because of "the climate of tolerance in this country with respect to homosexual people and the AIDS problem in particular."

"The attitude of the general population is that people should not be ostracized just because they've been diagnosed with AIDS," said Ruitenbergh, an immunologist with the Dutch Red Cross.

Vanden Berg, a 48-year-old elementary school teacher in the northern town of Drachten, said nearly all the pupils and parents reacted supportively to the news that he was HIV positive.

"They're happy for me to keep working until I have to stop for health reasons," he said.

Despite a thriving homosexual culture, this nation of 15 million has had only 2,076 cases of AIDS cases, a rate comparable to most of northern Europe, according to the National Committee for AIDS Control. About 1,000 people have died.

Based on population, AIDS is six times as prevalent in the United States, which has 213,641 registered cases, according to the World Health Organization.

In the industrialized world, acquired immune deficiency syndrome is passed on primarily through homosexual contact and the sharing of needles by intravenous drug users.

Holland has dealt vigorously with the AIDS threat since 1981, "largely due to homosexual organizations saying that what is happening in the United States cannot be allowed to happen here," said Anja van Kooten Niekerk, head of a gay advocacy group.

Treating AIDS as a threat to society, the government mounted its biggest public relations

effort ever to promote safe sex among both homosexuals and heterosexuals. It subsidizes neighborhood treatment and care centers for AIDS victims.

Dutch law stops at the bedroom door. A ban on homosexual behavior was repealed in 1972 and discrimination against homosexuals as well as other minorities is prohibited.

Amsterdam, a city of 800,000, sometimes is called the "gay capital of Europe." It has at least 100 homosexual bars, cafes and nightclubs.

Since AIDS first appeared in the Netherlands, government public information campaigns Grimads portray the dangers of unprotected sexual contact and urge compassion toward victims. One television spot shows a man putting his arm around an HIV carrier while the narrator says: "No one ever got AIDS from a bit of understanding."

Henk Sibum, 32, learned that he had AIDS a year ago and is beginning to show the ravages of the disease.

"For most people I come into contact with, I'm the first person they meet who has AIDS," said

Sibum, a free-lance writer. "But, personally, I've never had any kind of negative reaction that's made me feel isolated."

Keeping AIDS under control is easier in a society with a frank attitude toward sex, said Jeannette Kok, coordinator of the HIV Union in Amsterdam.

"If you're already open about sexuality, then it's no problem to talk about prevention of AIDS and other diseases, especially in schools," she said.

Her organization is one of many government and private groups that provide HIV carriers and AIDS victims with legal advice and emotional support. The HIV Union also informs members about their rights to mortgages, insurance and jobs.

It appears the AIDS conference will get a warm welcome. Twelve leading hotels plan a \$100-a-plate fund-raising dinner on Dam Square.

Proceeds will go to the Jalbert Project, a vacation lodge in France for Dutch HIV carriers described as "a place for rest, relaxation and understanding." ▼



ATLANTA
GAY
CENTER INC.

Living with HIV? Support is available two nights a week.

PLUS (Positive Living Under Stress) is a group for anyone who has taken the HIV antibody test and tested positive, or is otherwise HIV affected. PLUS is a place to talk and share with others—to express your feelings and get information. It's completely free of charge and totally confidential. PLUS meets two nights a week: Fridays at 8:00 pm and Sundays at 6:00 pm.

The PLUS Groups meet at the Atlanta Gay Center, 63 Twelfth St., or call 876-5372 for information.

THE
PLUS
GROUPS

Mystery AIDS like ailments with no sign of HIV

by Daniel Q. Haney
AP Science Writer

(AP) — At least two dozen people who show no signs of the AIDS virus have been stricken with a mysterious AIDS-like ailment, and experts differed Tuesday about whether an undetectable mutant microbe might be responsible.

The illness mimics AIDS' devastating destruction of the body's immune system. If it is caused by a bloodborne microbe, such as a variety of the AIDS virus that eludes standard screening tests, it could complicate the job of keeping blood supplies safe for transfusions.

In any case, experts said the illness appears to be rare and there is no reason to think it is catching.

The outbreak first came to public attention in an article in *Newsweek* magazine published on the eve of the eighth International Conference on AIDS. The report seemed to surprise most of the 10,000 experts at the meeting. Even Dr. Anthony Fouci, who is in charge of the federal AIDS effort in the United States, said he knew nothing of the cases until he arrived in Amsterdam.

Most of the known cases of the ailment came to light as researchers rose from the floor to speak during a session on the outbreak that was hastily added to the program.

Dr. James Curran, head of AIDS work at the U.S. Centers for Disease Control in Atlanta, contended the disease is not really AIDS, because victims are not infected with HIV, the virus that causes acquired immune deficiency syndrome. "There is not AIDS without HIV. This is immunodeficiency" that could result from many different

things, including cancer, he said.

However, Dr. Luc Montagnier of the Pasteur Institute in Paris, a discoverer of the AIDS virus, said he has seen two cases of the mysterious illness and believes they are caused by a mutant form of HIV.

Doctors and blood banks routinely screen for AIDS by checking blood for antibodies that the body makes to combat the HIV virus. Montagnier said that while the patients he saw had no AIDS antibodies in their blood, he found the antibodies in their urine.

He speculated that their disease was caused by a mutant virus that perhaps had changed its outer skin so it looked different to the body's immune surveillance system.

Just how important this seemingly new kind of immune system disease will be is unclear.

"People should be thoughtfully concerned, but they shouldn't panic," said Dr. June Osborn, head of the U.S. National Commission on AIDS.

No matter what the disease is, it's uncommon, Curran said. During the past two to three years, the CDC has learned of six cases of the illness. Over that same time, about 100,000 cases of AIDS were reported in the United States.

However, during the session, the known number of cases mounted, and more are sure to come to light, especially since Curran is urging doctors to report them to the CDC.

"It's apparently rare, but we are not sure just how rare," said Fauci.

Whether the two dozen cases described so far have the same cause is also unknown. Researchers

speculated that they could result from blood cancer, a contagious organism or something in the environment, among other things.

Researchers said that many, but not all, of the victims have been homosexual men and others who are at high risk of AIDS. People with the disease developed overwhelming infections that were the same as those seen in AIDS patients.

Dr. James Allen, who coordinates AIDS programs at the U.S. Public Health Service, said there is no reason to fear that the blood supply is contaminated by some undetectable AIDS virus.

"People should not be afraid to get a transfusion if they need it," Allen said. "The blood supply has never been safer."

Curran was criticized by some at the meeting for not bringing the cases to public attention in the CDC's weekly bulletin of health problems. "If we thought this was caused by defective HIV, we would have reported it immediately," said Curran. "We don't think we are seeing a new cause of something."

A CDC researcher gave a presentation on the six cases known to the CDC at a medical meeting in California, and a brief report was published with other summaries of talks from that meeting in March. However, many AIDS specialists said they were unaware of it.

The first major report in a widely circulated journal will be a description of five other cases seen by Dr. Jeffrey Laurence of Cornell Medical School in New York City. Laurence outlined those cases and said his full report will be published in two weeks in *Lancet*, a British medical journal. ▼

CDC joins the investigation for possible new virus

(AP) — Researchers at the U.S. Centers for Disease Control are trying to determine why a few patients with AIDS symptoms test negative for the viruses known to cause the disease, a CDC official said Monday, July 20.

"We have not found a cause," said Dr. Harold Jaffe, the Atlanta-based CDC's acting director of HIV-AIDS. "Reports from elsewhere indicate it may be a new illness. We're trying to determine if it's a big problem." Jaffe said there have been half a dozen reports in the United States during the past few years of patients who tested negative for the viruses HIV-1 and HIV-2 but had illnesses associated with AIDS, which suppresses a victim's immune system. All had conditions that are found almost exclusively among people with AIDS, such

as a cancer called Kaposi's sarcoma and the loss of a class of white blood cells called CD4 cells.

Thomas J. Spira, a CDC epidemiologist, described the cases in an abstract published in the *Journal of Cellular Biochemistry*. Spira said in the paper, published in March, that five of the patients were men and one was a woman, and they ranged in age from 35 to 70. Three of the patients had blood transfusions, he said, one had a history of needle use and one was a health care worker. The evidence, he concluded, "suggest that HIV may not be the only infectious cause of immunosuppression in man."

Kent Sepkowitz, a researcher at Cornell University Medical Center in New York, said researchers must determine if the illnesses represent a new

strain of the virus that causes AIDS. "They need to somehow cultivate or grow the virus and then compare the new virus to HIV-1 or HIV-2," he said. Researchers also must determine if the patients have the same virus. "If they all have the same virus, that suggests HIV-3," a previously unknown strain, he said. If not, he said, the most likely reason the usually reliable tests failed is the normal "shift and drift" that viruses undergo in their genetic makeup.

The six are among more than 200,000 cases of AIDS reported so far in the United States. "Cases like this have been in the literature for some time," Jaffe said and added that if other doctors have patients who had AIDS symptoms but tested negative for HIV, he hoped recent publicity would lead them to report it. ▼

Transplanted cd8 cells examined as HIV therapy

by Paul Recer

AP Science Writer

(AP) — Transplanted white blood cells can be used to seek out and kill dangerous virus infections — a therapy that may one day be used against AIDS, researchers reported July 10.

In a study published in the journal *Science*, doctors said three patients whose immune systems were destroyed as part of their cancer therapy were all protected from an often-fatal virus by injections of lymphocytes, or white blood cells, from healthy donors.

Dr. Phillip D. Greenberg, head of laboratories at the Fred Hutchinson Cancer Research Center and at the University of Washington in Seattle, said that while the clinical research used only a few patients, it is the first step toward a new technique of conquering viral infections in patients who have no natural immune protection.

Patients in the study were all being treated for cancer by receiving powerful radiation doses that destroyed their bone marrow. The patients received marrow transplants to restore their blood and immune systems.

But for the weeks that it takes for the bone marrow graft to be fully functioning, these patients

are virtually defenseless against infection. And one of the most serious threats is the cytomegalovirus, or CMV. This virus can cause a vicious and usually fatal pneumonia in patients with weak immune systems.

"CMV has been a major cause of mortality in bone marrow transplant patients," said Greenberg. "And it has become a major problem in HIV (the AIDS virus) patients."

In the study, Greenberg said researchers took from bone marrow donors a type of lymphocyte called cd8 cells. Their job is to seek out other cells that are infected by a virus and then kill both the cell and the virus. This stops the spread of the virus. The cd8 cells used in the study were all targeted to attack the CMV virus.

After nurturing the cd8 cells in the lab for weeks and allowing them to increase, the cultures were injected into patients who had received bone marrow transplants from the same donors who contributed the cd8 cells.

Greenberg said each patient received four injections, with an increasing number of cd8 cells.

In the following weeks, blood tests showed that the transplanted cd8 cells protected the patients from CMV infection.

"It very effectively reconstituted their immune response to the virus," Greenberg said. "The magnitude of the response was even higher than that detected in (healthy) people."

None of the patients in the study developed CMV virus infections.

To prove the true worth of the therapy, Greenberg said it will have to be tested in a much larger number of patients. That work is under way.

Also started, he said, is a study that uses the cd8 transplant technique to treat AIDS patients who have developed lymphoma, a type of cancer, and who are being treated with radiation, followed by bone marrow transplants.

Eventually, said the researcher, targeted cd8 cells may be used to attack the AIDS virus itself.

"The treatment of HIV (human immunodeficiency virus) requires quite a few more steps, but this is a ... demonstration that you can use this specific adaptive therapy to treat viral infections," said Greenberg.

First and second co-authors of the study with Greenberg were Drs. Stanley R. Riddell and Kathe S. Watanabe of the Hutchinson Center.

Science is the journal of the American Association for the Advancement of Science. ▼

Controversial ozone therapy closes in North Carolina

(AP) — Criticism from researchers and support groups are forcing a Raleigh physician to cease his unorthodox treatment for AIDS patients and leave North Carolina.

Dr. John C. Pittman has injected ozone into the bloodstream of AIDS patients. He told *The News & Observer* of Raleigh that the procedure has been used in Europe with great success, but added that intense scrutiny at home has led him to close his doors.

"I'm getting ready to shut my office down," Pittman said. "I can't continue to practice here."

Dr. Charles van der Horst, director of the AIDS clinical trials unit at the University of North Carolina School of Medicine, said he reported Pittman to the state Board of Medical Examiners this week after hearing about the ozone treatments.

"It sounds totally bizarre," van der Horst said. "I'm very suspicious when people are charging money for unproven techniques. When I do my drug trials, patients don't pay a penny. In fact, we pay them."

Bill Brantley, who leads a support group for

gay men with HIV, has also complained to the state medical board about Pittman. He said he knows of two patients who have been treated by the doctor. "Guys will spend anything to seek the Holy Grail of wellness," he said.

A 1986 graduate of Mercer University School of Medicine in Macon, Ga., Pittman said he started using alternative therapies for HIV in the spring of 1991. He opened an office in Raleigh under the name Alternative Healing Services in the fall. Among the treatments he has used are daily injections of ozone — a therapy that he says has been used in Europe to treat intestinal disorders, hepatitis and herpes, as well as HIV infection. In a recent advertisement in *The Front Page*, a gay newspaper, Pittman offered "alternative healing services — nutritional, alternative and holistic therapies for the treatment of HIV infection. Body detoxification, viral eradication, immune system stimulation."

"I can attest that what I am doing is very useful and helping people," he said. Pittman said he knows of patients who have rid themselves of the human immunodeficiency virus, which causes

AIDS, with ozone therapy. Experts say that goes against all AIDS research to date. The ozone therapy can cause flu-like symptoms, such as muscle aches and chills, Pittman said. The doctor complements the ozone therapy with nutritional supplements, antibiotics and treatments to boost the immune system. An entire healing program costs about \$500 to start, then \$300 or \$400 a month after that.

Numerous health authorities said they did not know much about ozone treatment for AIDS or whether any patients have been harmed. Two national groups that monitor experimental AIDS treatments had no information about ozone injections. Ozone might be toxic to the blood and could cause serious health problems, doctors said.

Dr. John Bartlett, director of the AIDS Clinical Trials Unit at Duke University, said he has heard a few references to ozone treatment over the past few years. "The bottom line is at this point ozone has not been proven to be beneficial to persons with HIV infection or AIDS," he said. "I think it's unfortunate to prescribe treatment at some expense when it's of no known benefit." ▼

Upjohn announces test starts of BHAP-E

by Alan L. Adler
AP Business Writer

(AP) — Clinical trials will begin in September on a new compound Upjohn Co. claims is more effective in blocking the AIDS-causing HIV virus than other drug on the U.S. market.

Upjohn claims its BHAP-E works like AZT or ddI, the other anti-AIDS drugs now being sold, by blocking the action of reverse transcriptase (RT), an enzyme. The human immunodeficiency virus cannot reproduce without the presence of RT.

But BHAP-E, unlike the other compounds, attacks HIV after it mutates into drug-resistant forms of RT, Upjohn officials said.

The discovery was announced July 17 to experts at the HIV Drug Resistance Meeting, a prelude to this week's International Conference on AIDS in the Netherlands.

BHAP-E was studied in collaboration with researchers at the UCLA Medical School and the University of Nebraska Medical Center.

"These laboratory studies on BHAP-E are important in that they show a potential use against drug-resistant strains of HIV," said Jerry R. Mitchell, president of Upjohn Laboratories.

The clinical trials will be performed on healthy people to determine side effects, if any, that BHAP-E may cause. The drug already has been studied on human cells in test tubes.

Depending on the trials' outcome, tests on HIV-positive patients would follow in conjunction with an accelerated review by the U.S. Food and Drug Administration, Upjohn spokeswoman Nancy Lassen said.

Neither Lassen nor FDA spokeswoman Faye Peterson could say how long it would take for the compound to reach AIDS patients in general.

The announcement boosted Upjohn's stock price. Upjohn's stock rose \$1.87 1/2 to close at \$34.25 Wednesday, July 22, on the New York Stock Exchange.

"Obviously it's like any other drug, it takes time to determine the efficacy," said Randy Pope, chief of the HIV-AIDS section of the Michigan Department of Public Health.

"From a public health perspective, we need more and more drugs to treat people who have been on the existing drugs for some time and have developed resistance to current therapies," he said.

An estimated 10,000 to 15,000 Michigan residents are infected with HIV. As of July 1, 3,076 people had been diagnosed with AIDS, 1,918 of whom are dead.

The San Francisco-based Mobilization Against AIDS, one of the nation's oldest AIDS advocacy groups, said news of the Upjohn development was encouraging. But even with the expedited FDA approval process, the drug will reach the market too late for some AIDS sufferers, the group said.

Under accelerated FDA review, the Bristol-Myers Squibb Co. cleared its AIDS-fighting ddI in six months, spokeswoman Liz Sigler said in New York. She declined to discuss Upjohn's claims about its new drug.

FDA spokeswoman Peterson said the agency has taken several steps to allow drugs needed in the fight against the fatal disease to reach those who need them faster.

566C80, a promising new drug for PCP

by Woody Baird
Associated Press Writer

(AP) — An experimental malaria drug offers new hope for AIDS sufferers unable to tolerate the standard treatment for a deadly form of pneumonia, researchers said Wednesday, July 22.

The new drug, called 566C80, was studied by scientists at St. Jude Children's Research Hospital in Memphis and 36 other medical centers across the country.

Results of the study were prepared for release at the 8th International Conference on AIDS in Amsterdam. Walter T. Hughes, a St. Jude physician directing the study, was in Amsterdam to present the findings.

Researchers reported last year that 566C80, an antibiotic developed for treating malaria, also appeared effective against pneumocystis carinii pneumonia, a leading killer of AIDS sufferers.

AIDS destroys the immune systems of its victims, leaving them susceptible to a host of infections and cancers.

The new study compared the malaria drug with TMP-SMZ, the drug most often used in the United States for preventing and treating the AIDS pneumonia.

The commonly used drug was slightly more effective, but its adverse side-effects were considerably greater, said Jerry Shenep, a St. Jude researcher.

Those side-effects can include life-threatening rashes on mucus membranes as well as liver and bone marrow damage. They are so severe many AIDS patients must quit taking the drug.

Study subjects taking 566C80 suffered much

"The expedited development of AIDS drugs combines phases two and three, using a larger base of patients in phase two and getting necessary information for the review," she said.

The BHAP-E compound is in the same family as another AIDS-treating compound that Upjohn is testing on AIDS sufferers.

AIDS drugs, including two other anti-HIV products under study, are among several research concentrations for Upjohn, which faces the loss of patent protection on several of its best-selling drugs in the next two years.

"We've got a lot of things in the pipeline," Lassen said. "We are a very research-driven company, and this is a strong indication of that." ▼

milder side-effects.

"It generally is very well tolerated," Shenep said. "Because of that, the drug seems to have an important advantage."

The new drug goes by the generic name atovaquone. It is being developed by the Burroughs Wellcome Co. in the United States and the Wellcome Foundation Ltd. in England.

Shenep said physicians with AIDS patients unable to tolerate the commonly used drug can contact Burroughs Wellcome about obtaining the new one.

Federal drug regulators can allow use of experimental drugs for AIDS patients if they fail to respond to standard treatment.

The study focused on 320 AIDS patients. It was conducted through the AIDS Clinical Trial Group, an international organization for sharing research.

For 21 days, half the study subjects got 566C80 while half got the other drug.

Of the patients with mild pneumonia, 63 percent were cured, regardless of the drug used. But 19 percent of the research subjects had to quit taking TMP-SMZ because of its side-effects. Six percent could not tolerate 566C80.

Of patients with more severe pneumonia, 59 percent taking the new drug were cured as were 66 percent of those on the more common one. But 23 percent of the patients in that group could not tolerate TMP-SMZ, while 8 percent could not tolerate 566C80.

Subsequent studies will focus on how well the new drug prevents the onset of AIDS pneumonia, Shenep said. ▼

San Fransisco man challenges HIV immigration ban

by Dara Tom
Associated Press Writer

(AP) — What was expected to be a confrontation turned into a warm homecoming for a Spanish national who has the virus that causes AIDS.

Tomas Fabregas, a legal resident who was diagnosed HIV positive in 1987, successfully challenged, at least temporarily, a U.S. law that bans foreigners with HIV from entering the country.

Immigration and Naturalization Service officials met Fabregas at the San Francisco International Airport on Saturday as he returned from the Sixth International AIDS Conference in Amsterdam.

He passed through customs and immigration without incident.

But the 34-year-old Spanish citizen said the U.S. government can still revoke his residency because he is a non-citizen and is HIV positive.

"The only intent of this politically-inspired exclusion is to discriminate, harass and punish people living with HIV," Fabregas said Saturday as about 40 supporters welcomed him home.

"Showing to the world the problem is the only thing that protects me now," he said.

Fabregas announced at last week's conference in Amsterdam that he would challenge the U.S. ban on admitting people who have communicable diseases, which include the HIV virus and AIDS. The ban was enacted by President George Bush.

Waving his green card to the crowd, Fabregas announced with a smile, "George Bush, I am home."

David Ilchert, director of the San Francisco district immigration office, said foreigners, including legal residents, are subject to questioning anytime they re-enter the United States.

Ilchert also said Fabregas could have been allowed to re-enter the United States because his trip could be labeled a "casual departure," meaning that as a legal resident, he cannot be barred from re-entry.

A spokeswoman for the INS said Fabregas' health condition was not an issue during the routine inspection of passengers.

"He didn't make an issue of having AIDS," said INS Port Director Karen Philis. "How we become aware a person having a certain medical condition is probably different than what he envisioned." Philis declined to say how the INS is alerted to a traveler's medical condition.

She said that to her knowledge, San Francisco Airport INS officials have not refused a person entry because they were HIV positive.

Fabregas warned that while officials tout the ban as a method of stopping the spread of the disease, it could have the opposite effect.

"Instead of seeking prevention and care support, thousands will choose to remain underground to avoid deportation," he said.

Fabregas' attorney Ignatius Bau said his client's easy re-entry was an indication that people with HIV do not pose a threat to the public health.

"The fact that the INS let Mr. Fabregas back in today means that this policy has no basis in public health and it should be abolished immediately," Bau said. ▼

International community denounces HIV/AIDS bias in U.S. immigration policy

by Randi Hutter Epstein
Associated Press Writer

(AP) — Experts at an international AIDS conference denounced restrictions on AIDS-infected people trying to enter the United States and warned today that by 2000 most new AIDS victims will be women.

Dr. Michael Merson, head of the Geneva-based World Health Organization's Global Program on AIDS, said that in 1992 close to half of the 1 million newly infected adults worldwide have been women. Women catch the virus more easily than men through heterosexual intercourse.

Assuming that gay men continue to practice safer sexual habits, "by the year 2000, more than half of all newly infected adults may be women," said Merson, a Brooklyn native.

He said the virus is spreading deeply into the countryside after being largely confined to cities.

"Small discrete epidemics of HIV have coalesced into a worldwide epidemic sparing no region and virtually no country," he said.

As the conference began on Sunday, hundreds of whistle-blowing demonstrators tried unsuccessfully to get into the meeting, and some

ransacked the booth of a pharmaceutical firm that sells a drug that treats AIDS-related blindness.

AIDS and gay rights activists dumped 40 cardboard coffins in front of the U.S. and other consulates to protest visa restrictions against people infected with the AIDS virus. In Boston on Sunday, about 150 demonstrators from across the Northeast attacked U.S. policy toward AIDS-infected visitors. The international conference, originally planned for Boston, was switched to Amsterdam because the United States restricts entry to people infected with the virus that causes AIDS.

"Let us raise our voices again today and say this unsound policy must change," Dr. Harvey Fineberg, dean of the Harvard School of Public Health, declared in Amsterdam on Sunday. "It must change and we must not relent until this wrong is made right," Fineberg said.

U.S. immigration rules do not completely bar the entry of AIDS-infected people, but restrict them to a 30-day stay to conduct business, see relatives, obtain medical treatment or attend scientific or medical conferences.

The AIDS activists in Boston hoisted a slogan-covered coffin as they marched on the federal

building to protest the U.S. visa policy. Some handed out condoms to tourists in the city's center.

In May 1991, the World Health Organization predicted that up to 40 million people will be infected with the AIDS virus by the end of the century. Ten million people were likely to develop the disease by the year 2000, 90 percent of them from developing countries, the U.N. agency said.

Dr. Jonathan Mann, chairman of the conference, and other leaders said the disease is spreading out of control because thousands of people do not have access to proper health care or drugs, or are afraid to demand that their partners use condoms.

"While we know what needs to be done, our vulnerability to AIDS is being increased by societal inequity, discrimination and indifference, undermining what power we already have through knowledge," said Dr. Eka Esu-Williams, president of the Society for Women and AIDS in Africa.

As the conference opened, security guards prevented hundreds of demonstrators from entering the convention hall. The protesters blew whistles and banged drums but could not be heard inside the main auditorium. ▼

Prevention of STDs a major factor in HIV prevention

by Randi Hutter Epstein
Associated Press Writer

(AP) — Keeping people free of gonorrhea, syphilis and other sexually transmitted diseases appears to dramatically slow the spread of AIDS, several new studies suggest.

Many contagious genital diseases cause open sores, and experts believe this allows the AIDS virus to get into the bloodstream, even when the sores are too small to be seen.

New evidence of the role of these diseases in spreading AIDS was presented Monday at the Eighth International Conference on AIDS in Amsterdam.

The meeting has drawn more than 10,000 researchers, physicians and people with AIDS to the Dutch capital for a week of discussions on how to fight the global epidemic.

Earlier in the day, experts said women are now catching the AIDS virus almost as often as men and probably will become the primary victims by the end of the decade.

Actress Elizabeth Taylor, chairwoman of the American Foundation for AIDS Research, accused

President Bush of ignoring the AIDS problem.

"I don't think President Bush is doing anything at all about AIDS," the actress said at a meeting of her organization timed to coincide with the AIDS conference. "In fact I'm not even sure if he knows how to spell AIDS."

Experts at the international conference said they hoped mounting evidence linking AIDS to sexually transmitted diseases, or STDs, will persuade policy makers to reorder their spending priorities to save lives and money.

"We're spending billions of dollars but not in the most cost-effective way," said Dr. Yamil Kouri of Harvard University. "Let us concentrate on getting the most out of that and getting rid of STDs linked to HIV. We have no other alternative."

HIV is the human immunodeficiency virus that causes AIDS.

Various reports at the conference pointed up the link between genital sores and AIDS:

— Dr. Mark Tyndall, of the University of Manitoba in Canada said a study of 326 men showed that those who were uncircumcised and also had genital sores were more than four times as

likely to get AIDS as circumcised men without sores.

— Dr. Nilambi Nzila, an AIDS researcher from Zaire, said a study of female prostitutes showed that those with genital sores were about four times more likely to get AIDS than prostitutes without sores.

— Dr. Sakol Elumtrakul, an investigator at the University of Chang Mai in Thailand, said a study of 1,236 boys showed a strong link between genital sores and the risk of getting AIDS. Genital warts had infected 23 percent of boys who got the AIDS virus, compared with 5 percent of those who did not.

— Dr. Claudio Betts directed research that compared the incidence of AIDS in Chile, which had effective prevention programs for sexually transmitted diseases, and Honduras, which did not.

In 1985, both countries had similar AIDS infection rates, said Betts, a researcher at the Pan American Health Organization in Washington. Five years later the rate among heterosexuals was 100 times higher in Honduras.

"There can be many explanations, but certainly one important factor is the very obvious difference in terms of STD services," Betts said.

The Geneva-based World Health Organization recently identified treatment and prevention of sexually transmitted diseases — along with condom use — as key steps to halting AIDS.

Also at the meeting Monday, July 20, researchers said women, once considered least at risk for the disease, are becoming increasingly jeopardized.

"By the year 2000, more than half of all newly infected adults may be women," said Dr. Michael Merson, a New York City native who heads the WHO's Global Program on AIDS.

AIDS first came to world attention more than a decade ago primarily as a disease of homosexual men and male drug users in the United States and Europe. Since then, the disease has spread around the world.

Eighty percent of new infections are in developing countries, where heterosexual sex is the main means of transmission.

WHO estimates that between 11 million and 13 million people are infected with HIV worldwide. Up to 40 million people will be infected with the AIDS virus by the end of the century, the agency predicted last year. ▼

Psychological profile of relapse behavior

(AP) — Men who are depressed are more likely to engage in risky sex after being tested for AIDS, a University of Michigan researcher told an international conference on the incurable disease.

"We found several key psychosocial characteristics that predicted which men would be at greatest risk for relapse," Dr. David Ostrow said at the Eighth International Conference on AIDS, which began Sunday.

"They were more depressed and felt more isolated from others, and they were more prone to use denial and fatalism to cope with stress."

Forty percent of this group of men also indicated they had contemplated suicide at some time in the past, added Ostrow, director of the Midwest Biobehavioral Research Center at the university. Men who had smaller paychecks and less education were also more vulnerable, he added.

Ostrow analyzed data from the Coping and Change Study, a companion study to the Chicago Multicenter AIDS Cohort Study of 1,000 gay and bisexual men. The coping study collects data on psychosocial characteristics, sexual behavior and drug and alcohol use to track behavior within the gay community.

The data for Ostrow's analysis included 177

participants who requested and received their HIV-antibody test results between December 1985 and June 1987. Most of the men had been practicing safer sex before getting the test results.

After getting the results, 21 percent of the men relapsed into high-risk sex. Ostrow said his analysis defined high-risk sex as unprotected receptive anal intercourse with multiple partners.

"Men with this profile who discover they are HIV-positive, tend to fall apart. They reason they are going to die anyway, so why change their behavior?" he said in a statement released before the announcement of his work Monday.

"If they discover they are HIV-negative, their fatalism and denial comes into play. They think, 'If I was fated to contract AIDS, I would have it already.' They deny they are at risk," Ostrow said.

Ostrow said his work points to the need to offer counseling to men receiving HIV testing.

"Many cities are reluctant to offer mental health services to people getting HIV-antibody testing for fear of massive costs," he said. "But it appears that everyone may not need extensive counseling. We can target those who most need services and concentrate our efforts and funding on them." ▼

Women underrepresented in drug trials

by **Marianin Caprino**
AP Business Writer

(AP) — There was only one requirement for AIDS-infected women who wanted to participate in a drug study sponsored by Hoffman-La Roche Inc.: They must be past menopause, or surgically sterile.

The pharmaceutical giant said it took the extraordinary precaution because the drug it began studying earlier this year was so new the company had yet to test it on animal fetuses.

"We felt it best to err on the side of caution," said La Roche spokeswoman Darien Wilson.

But the caveat stunned people within the AIDS community, who said it was an extreme example of what typically have been more subtle but widespread attempts to discourage women — and minorities and drug users — from participating in AIDS research.

Women have been underrepresented in other areas of medical research as well. Some heart drugs, for example, have been studied primarily in men even though women sometimes respond differently to drug therapy.

"Clinical trials for AIDS drugs are geared toward the needs of men and have a built-in bias against women," charged Teresa McGovern, director of the HIV Law Project at MFY Legal Services on Manhattan's poverty-ridden Lower East Side. "Some studies outrightly bar women of childbearing potential," she said, even though participating in medical research might be the only way for these women to obtain medical care. Others require that participants speak English, and some reject those with a history of drug use.

Still other studies have required "detectable" birth control — i.e. an intrauterine device, even though doctors are reluctant to implant IUDs in women with histories of pelvic infections, which are common among AIDS-infected women.

Of about 92 government-approved clinical trials currently under way, only three specifically study pregnant women with AIDS and their offspring.

At the same time, women comprise a growing percentage of AIDS patients. A new book entitled "AIDS in the World 1992" said that worldwide women now account for 40 percent of those infected with HIV, which causes AIDS, up from 25 percent in 1990.

"The number of cases in men is not leveling off, it's just that the number of women and children with AIDS is increasing faster," said Dr. Henry

Sachs, who oversees AIDS drug trials at Manhattan's Mount Sinai Medical Center.

In North America, women comprise 11 percent of the infected adult population; in the Caribbean and Africa, women approach or exceed 50 percent of those infected.

Some researchers cite special difficulties in enrolling women in studies. Women who are economically deprived or who bear the sole responsibility for the family, they say, have difficulty keeping regular medical appointments.

Dr. Thomas Chalmers, associate director of the technology assessment group at the Harvard School of Public Health, does not believe there is a conscious effort to exclude women from AIDS research. Rather, he attributes their absence to the fact that scientists "don't know what giving powerful drugs does to a fetus," or how it will affect a woman's ability to bear children in the future.

Researchers and drug companies live in constant fear of another thalidomide disaster. Approved in Europe and Canada but not the United States, the drug was used as a sedative in the 1950s. But thalidomide, which doctors managed to pass on to 20,000 Americans, caused terrible deformities in newborn children and sparked numerous lawsuits. Subsequently, the U.S. government has tightened drug approval requirements. But McGovern said those conducting research can protect themselves from liability. People who participate in the study of an unapproved drug must sign a consent form that clearly outlines the risks involved.

With informed consent, "there is no definitive

case law that says they would be liable" for physical problems that might arise during or after the study, McGovern said.

Acknowledging the furor that erupted over the sterilization requirement, Hoffman-La Roche said it will drop that qualifier in future trials of the drug it is studying.

ACT UP's Long argues that AIDS can be very different in women than men. Infected women are more prone to cervical cancer, they may have pelvic inflammatory disease, candida or other urinary tract problems. In addition, women respond differently to various drugs. McGovern said many of her clients feel they cannot take AZT, the standard AIDS treatment, because they suffer intense side effects including muscle deterioration, headaches and mood swings.

Women transmit the AIDS-causing virus to children during pregnancy, birth or breast-feeding. Anecdotal evidence suggests children born with AIDS seem to get sick more quickly than adults, probably because their immune systems are less mature and therefore less capable of fighting off infections.

At Mount Sinai, one of eight government-approved sites studying AIDS in children, participants range in age from 6 months to 5 years. Most were abandoned by their mothers and are currently in foster care.

"It's more difficult to do clinical trial research with them because it's not easy for them to understand what's going on," Chalmers said. But he insists there must be "many more trials with women and children." ▼

Emory sponsors gay life job

(AP) — Emory University is searching for a full-time liaison between the school and its gay student population.

The university, which was founded by the United Methodist Church, is creating an Office of Lesbian, Gay and Bisexual Life because of the harassment last fall of two male students who held hands and kissed in a freshman dormitory.

Its director will be paid \$28,000 a year.

"To my knowledge, there is no other university in the South that is making this commitment, and there aren't many in the nation who are, either," said Bobbi Patterson, the university's associate chaplain, who drafted the proposal to create the office last fall.

"The university wanted to make a clear signal of support, and full-time staffing helps us integrate more thoroughly these goals into our campus life," Ms. Patterson said.

So far, creation of the office hasn't strained Emory's 157-year relationship with the United Methodist Church, which founded the school in 1835.

"The Methodist church has taken the position that the homosexual lifestyle is incompatible with Christian teaching," said Bishop Ernest A. Fitzgerald, who sits on the Emory board of trustees. "But every effort needs to be made to guarantee the rights of homosexual people and to understand who they are." ▼

Structural differences are found between homosexual and heterosexual brains

by Paul Recer
AP Science Writer

(AP) — Researchers say they have found a new anatomical difference in the brain structures of homosexual and heterosexual men.

The finding supports the theory that sexual orientation is a matter of biological design or development, said Laura Allen, a UCLA School of Medicine researcher and co-author of the study.

"It's very supportive of the concept that (sexual orientation) is not an environmental factor, not something acting early in childhood, but probably something acting (before birth) or slightly afterwards," she said in a telephone interview Friday, July 31.

Allen said early studies showed that hormones active just before and just after birth can determine the sexual behavior and brain structure of laboratory rats.

Allen also said that, "we would expect the differences to occur very early in humans also."

Roger Gorski, also of UCLA and the other author of the paper, said their earlier studies have

shown that the rat "is basically female."

"To develop characteristics that are typically male, the rat brain has to be exposed to specific hormones around the time of birth," Gorski said, adding that the same developmental process could apply to humans.

In the new study, published in the *Proceedings of the National Academy of Sciences*, Allen and Gorski measured the size of a brain structure called the anterior commissure in tissue removed in autopsies of 34 homosexual men, 75 heterosexual men and 84 women presumed to be heterosexual.

Allen said the area of the anterior commissure was clearly larger in gay males, by about 34 percent, when compared with heterosexual males. The homosexual male brain structure area was 18 percent larger than in heterosexual females, but Allen said that difference disappears when it's statistically adjusted for the brain weight difference between men and women.

Between homosexual and heterosexual males, however, "the difference is very real," Allen said.

The anterior commissure is a structure of

nerve cells that connects the left and right hemispheres of the brain near the back of the skull. Gorski said the precise function of the anterior commissure is unknown.

Allen said there was no attempt to include autopsied brains of homosexual women because medical records don't usually specify the sexual orientation of women. Thus, the female subjects were assumed to be heterosexual, which researchers acknowledged was a weakness of the study.

The UCLA study follows by about a year work by researchers at the Salk Institute for Biological Studies in San Diego, who found that the size of another part of the brain, called the interstitial nuclei of the anterior hypothalamus, was smaller in homosexual men.

Gorski said the two studies suggest that there could be a whole range of structural differences in the brains of homosexuals and heterosexuals.

Robert Bray, a spokesman for the National Gay and Lesbian Task Force, said the new study enforces the group's position that "it is not a choice to be gay or lesbian." ▼

Lesbian Presbyterian minister installed

by Hilary Appelman
Associated Press Writer

(AP) — A lesbian minister who was ordained before she declared her homosexuality can be appointed to a Rochester congregation, a Presbyterian judicial commission ruled Friday, July 31.

In a decision that will almost certainly be appealed, the Permanent Judicial Commission of the Synod of the Northeast voted 9-1 to affirm the appointment of the Rev. Jane Spahr as co-pastor of the Downtown United Presbyterian Church.

Spahr was asked to become a pastor at the church in November, but her appointment has been held up by a challenge from 10 upstate New York churches.

"I'm very thrilled," Spahr said by telephone from her home in San Rafael, Calif. "Hopefully this will be a beginning for lesbian and gay people who are qualified candidates to serve in the church that they love."

Spahr works at a special ministry serving homosexuals and people with AIDS in San Anselmo,

Calif. The General Assembly of the Presbyterian Church (U.S.A.) ruled in 1978 that homosexuals could not be ordained as ministers. But the assembly said its ruling should not affect any previously ordained deacon, elder or minister.

Spahr was ordained in 1974, but she did not publicly acknowledge her homosexuality until after 1978.

"To maintain that the Presbytery may not approve Ms. Spahr's call to the Downtown United Church ... would have the effect of denying to an ordained minister an opportunity to fulfill his or her ministry," the commission wrote.

"It is a contradiction in terms to state that an individual's ordination rights shall not be prejudiced but at the same time to preclude that person from ministering to a congregation."

The commission also rejected the dissenting churches' claim that Spahr's appointment would hurt the whole church.

"Controversy can also be an opportunity for the Church to come to a better clarity of vision," the

commission wrote. "If approving this call motivates the whole church to deal with a difficult issue, good can come of it."

The Rev. Ronald Sallade, pastor of a Scottsville church that led the opposition to Spahr's appointment, said he plans to appeal the commission's ruling to the General Assembly, which meets in October.

"Either the ordination of homosexuals is wrong, or it's right," Sallade said. "The church has said it's wrong, and therefore it should be wrong for everybody."

Spahr said she does not plan to come to Rochester until after the appeal is settled.

Of the major Christian denominations, only the United Church of Christ officially allows ordination of homosexuals.

The Presbyterian General Assembly declared in 1978 that homosexuality is "incompatible with Christian faith and life."

"This was a policy statement. It is not the law of the Church," the judicial commission wrote. ▼

Psychology vs. psychoanalysis

by Dr. Donald W. Smith, PhD

American academic psychology approached human behavior from a tradition that was in marked contrast to that of psychoanalysis. Psychoanalysis was grounded in the clinical tradition of medicine based in large part on an ancient tradition of clinical observation and philosophical speculation. On the other hand, academic psychology was grounded in the tradition of experimental science, the methods of which were established in their present form during the period from the Sixteenth Century through the Eighteenth Century. In attempting to emulate the "hard" experimental sciences of chemistry and physics, academic psychology sought to isolate and manipulate the "elements" of thought and experience and the "forces" that motivated behavior through the scientific method of objective experimentation. However, the subject matter of psychology presented some serious problems for anyone attempting to use the scientific method.

The scientific method for discovering cause and effect relationships by experimentation requires that both the experimental manipulation and the effect of that manipulation to be objective, i.e., observable or measurable in some fashion. It also requires that the cause and effect relationship demonstrated by an experiment to be consistently repeatable. By varying the experimental manipulations and observing the consistent differences in effects, the scientist can begin to develop theories or "laws" about the forces or processes (the causes) governing the effects that are observed.

Obviously, thought, instinct, experience or motivation are not directly observable, manipulatable or measurable in and of themselves. Because they were unable to make direct observations, the psychoanalysts relied on verbal reports of patients as the basis for their theories. Because the psychoanalytic patient alone was able to "observe" and report his or her internal thoughts, instincts or motivations, the data providing the basis for psychoanalytic theories about cause and effect in human thought and behavior were inherently non-objective. Moreover, any given childhood "trauma" reported by one patient could not be counted on to be associated consistently with the same adult psychopathology as found in another patient who

had the same childhood trauma. Therefore, psychoanalytic "research" violated the two basic requirements of the scientific method, objectivity and reproducibility. Consequently, academic psychologists were at the very least deeply suspicious of psychoanalytic explanation of human behavior, thought and experience.

Around the turn of the century, two broad approaches to understanding human behavior, including homosexuality, came to dominate much of American psychological research. The first movement was radical behaviorism which has a clearly defined set of philosophical tenets and methods. The second was, for want of a better term, the psychological testing movement which had strong links to education and psychiatry. In both of these movements, the issues of objectivity and reproducibility were taken very seriously.

Radical Behaviorism and Origins of Homosexuality

In order to get around the problem of observability, many academic psychologists decided to disregard subjective reports as useable data and rely instead solely upon measurable, observable changes in behavior or physiology. The more radical behaviorists regarded ideas such as the mind, motivation, unconscious, trait or personality as being archaic baggage that got in the way of understanding why people acted as they did. They adopted the philosophical position that the brain at birth is a blank slate, and that all behavior is the result of learning through experience. The behaviorist would therefore look to the environment and not inborn instincts for the origins of homosexual behavior.

From the radical behaviorist point of view, homosexual behavior was explained in terms of the individual's learning history. The development of homosexual behavior was explained by the behaviorists by using a very few principles of learning and behavior. In very over-simplified terms, these principles are: 1) If an individual's behavior results in that individual having a pleasurable experience, then that individual is likely to repeat the behavior which results in the pleasurable experience; 2) If an individual's behavior results in that individual escaping or avoiding an unpleasant experience, the

individual's behavior is likely to be repeated in order to escape or avoid the unpleasant experience in a similar situation; 3) If a stimulus is associated with a pleasurable experience for an individual, or the avoidance of an unpleasant experience for the individual, then the appearance of that stimulus becomes pleasurable for that individual; 4) If an individual's behavior results in an unpleasant experience for that individual, that behavior is less likely to be repeated; 5) If a stimulus is associated with an unpleasant experience for an individual, then the appearance of that stimulus becomes punishing for that individual; 6) If an individual's behavior has no effect on his or her environment, that behavior is unlikely to be repeated; 7) If an individual's behavior that once had an effect on his or her environment ceases to have any effect on that environment, that individual's behavior will fade away.

Although one might be tempted to simply say that if an individual has a sexually pleasurable experience with a member of the same sex then he or she is likely to repeat the behavior that led up to the sexual contact with a member of the same sex, we know that human sexual behavior is obviously far more complex than that. In order to explain the variety of sexual behavior seen in humans, one must take into account the interaction between the various principles of learning and behavior.

In order to illustrate how the various general principles of learning and behavior interact, it is useful to examine two of the factors shown to influence the interactions between the general principles of learning and behavior: 1) The intensity of an experience, and; 2) The order in which a behavior and stimulus occur.

Example 1. If a behavior results in a severe punishment and little or no pleasure the first time it occurs, then that behavior is unlikely to ever be repeated, and if the appearance of a new stimulus is associated with a severe punishment, then reappearance of that stimulus is very likely to be punishing.

Most of us have experienced this situation at one time or the other when eating a new food. We eat a new food for the first time and get very sick a few hours later. Regardless of whether or not the

the elusive homosexual

food itself made us sick, we are not likely to try eating it again to find out. In fact, we may find the sight or smell of that new food nauseating. However, we could become just as ill after eating a food we are familiar with, yet we do not develop an

Example 2. If mild or moderate punishment is followed by a very pleasurable experience, parts or all of the behavior leading up to the punishment may be repeated. For example, if a child has an orgasm as the result of being spanked while bent over father's knee, he or she will likely repeat the naughty behavior that would result in being spanked by the father or some other male like the father. Over time, the child may learn that close contact with a male produces orgasm or that spanking results in orgasm or both result in orgasm. If, through trial and error, the child learns that there are other ways of getting held by males that result in orgasm other than being spanked, then the child may simply seek sex with men. (If the child is male, we would call his later sexual behavior homosexual, and if the child is female, then we would call her subsequent sexual behavior heterosexual.) However, if pain and orgasm become strongly associated through repeated experiences, the child may develop a liking for sadomasochistic sex, either heterosexual, homosexual, or both, depending on the rest of his or her learning history.

Although the radical behaviorist claimed to have a value-free science and therefore to be neutral regarding homosexual behavior, i.e., they did not regard homosexuality as pathological per se, their own actions indicated that they unquestioningly accepted the biases of Western civilization against homosexuality, i.e., the idea that homosexuality should be changed.

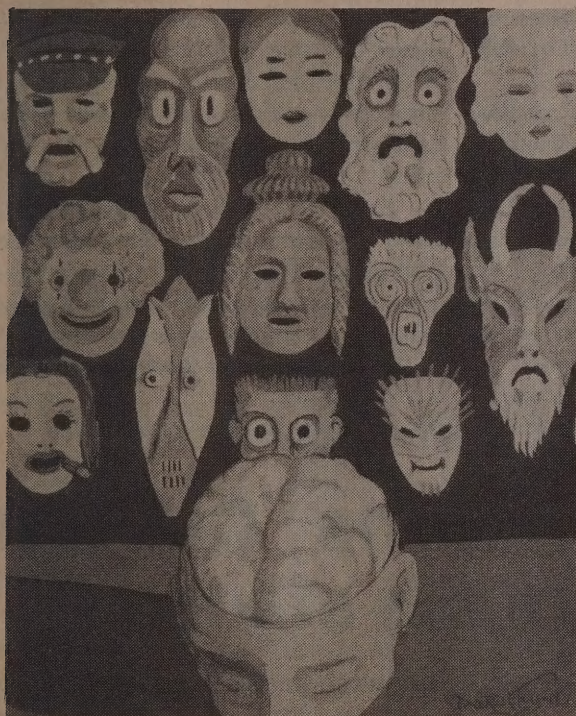
First, the so-called behavioral therapists who developed treatments to change homosexuality into heterosexuality or asexuality never attempted to develop technologies to do the opposite, i.e., make heterosexuals into homosexuals.

Second, the behaviorist had no qualms about applying ineffective "treatments," some of which were nothing short of torture. For example, some behaviorists attempted to induce an aversion in

homosexuals for members of their own sex by applying painful electric shocks, or giving them drugs to make them nauseous or feel like they were suffocating while they viewed pictures of nude men or women. Like psychoanalytic treatments, the long-term follow-up of supposed conversions to heterosexuality found that most if not all "cured" homosexuals had returned to homosexual behavior or fantasy.

Third, prior to 1975, no behaviorist publication carried a paper challenging the assumption that homosexuals freely chose to seek a change in their homosexuality. In that year, Gerald Davidson, a behaviorist who had developed a previously relatively benign "treatment" for changing homosexuality, questioned the ethics of unquestioningly "treating" a supposed non-pathology, such as homosexuality. He argued that given the societal hostility toward homosexuality, no homosexual individual came to treatment without being coerced. Therefore, he thought that no attempt to change homosexuality was ethical until the client could seek change free from societal oppression. For Davidson, this meant that the client had come to accept him or herself as a good person, value the positive aspects of homosexuality, and developed ways to fight societal oppression. Davidson pointed out that any clinician would question the ethics of helping a wife to become more accepting of abuse from a husband just because she said she wanted to. Why, then, would a clinician unquestioningly attempt to change a homosexual into a heterosexual just because the person asked for it, supposedly of their "own free will?" Davidson noted that it was especially ironic that behaviorists, who do not believe in "free will," would use it as a justification for going along with an attempt to change homosexuality.

At present, radical behaviorists are at an impasse in attempting to verify their explanation of the development of sexual orientation. Faced with the emergence of the gay rights movement and the declassification of homosexuality as a mental illness, no ethical clinician is willing to undertake the attempt to change a person's sexual orientation. ▼
[Next time: Psychological testing and the debunking of the myth of homosexuality as psychopathology.]



aversion to it.

One route for explaining exclusive homosexual behavior in adults postulated by the behaviorists is similar to the formation of an aversion to certain foods discussed above. For example, if the first time a child fondles the genitals of a child of the opposite sex the child is caught and severely punished, then the child is not likely to repeat the behavior and may find even being around the opposite sex unpleasant. Consequently, the child will avoid all situations where he or she might have pleasant heterosexual experiences and therefore never unlearn the aversion to a member of the opposite sex. If later, that same child has sexual contact with a member of the same sex to the point of orgasm and is not punished, then the child is likely to repeat the homosexual behavior and become exclusively homosexual as an adult.

Gore's record on AIDS, gay rights debated

by Karin Miller

Associated Press Writer

(AP) — Tennessee Sen. Al Gore's record on AIDS programs is strong, but an activist says his support of other gay rights issues is lacking.

Mike Petrelis of ACT UP, or Aids Coalition To Unleash Power, said Gore has not helped sponsor legislation preventing job discrimination or allow-

ing homosexuals to serve in the armed forces.

"If Gore wants our votes, he must first endorse the federal gay rights bill and the Department of Defense resolution," Petrelis said from New York.

"We view support for the bills, or lack thereof, as a moral litmus test, and thus far Gore fails it miserably," Petrelis said.

Petrelis admitted that several national gay rights groups said Gore, the Democratic vice presidential choice, has a good voting record on expanding programs to prevent acquired immune deficiency syndrome.

"He's a champion on AIDS issues," said Gregory King, with the Human Rights Campaign Fund. "It's certainly unhelpful to confuse voters when Al Gore has used so much energy to understand that we need to change our national policies on AIDS," King said from New York.

Gore spokeswoman Marla Romash said Gore may have been the first Southern senator to sign on the civil rights bill vetoed by Bush.

"He's been a strong opponent of discrimination of all kinds, including discrimination on the

basis of sexual preference," Romash said.

Petrelis said some members of Gore's staff met with activists earlier in the year to discuss a boycott of the Cracker Barrel Country Stores restaurant chain based in Lebanon, Tenn.

"Nothing ever came of it. He refused to support the boycott," Petrelis said.

In February 1991, Cracker Barrel fired several gay employees and had a written policy that barred employment of people "whose sexual preferences fail to demonstrate normal heterosexual values."

The company later rescinded that policy and said it had no policy about the hiring of gays and lesbians, but the fired employees have never been rehired.

Petrelis said ACT UP also is concerned about Gore's wife Tipper, who he said "is a member in good standing of the 'traditional family values' movement that opposes civil rights for gays and lesbians, and blunts AIDS prevention measures."

Petrelis said about 10 percent of the population is estimated to be gay, but could not say how big a voting bloc homosexuals represent.▼

Clinton faces fundamentalist protests over gay rights, feminism and abortion

(AP) — A fundamentalist Texas minister for the past two Sundays has protested outside Gov. Bill Clinton's church, saying Clinton cannot call himself a Christian and embrace gay rights, abortion and feminism.

"We believe that Bill Clinton ought to either repent of his stand with the sodomites, the militant feminist movement and the abortion crowd...or either withdraw himself from this church," the Rev. W.N. Otwell said as he others protested outside Clinton's church Sunday, August 2. "He can't call himself a Christian and embrace these type convictions."

Otwell was among about 50 people waiting as the Democratic presidential candidate emerged from worship services at Immanuel Baptist Church.

"Governor Clinton, how could you call yourself a Christian?" Otwell shouted as Clinton headed to a waiting car. Clinton offered no response.

Clinton's pastor, Rex Horne, said Immanuel Baptist does not cancel memberships because of members' stands on political or moral issues.

Speaking to reporters later at the Governor's Mansion, Clinton said only that the protesters had a right to express their views.

Otwell said he is affiliated with "God Said Ministries," an outreach of Heritage Baptist Church of Nacogdoches, Texas. His group staged its first protest at the church last Sunday, August 2.

Otwell, 55, said Sunday that he was born in Nevada County and left Arkansas for Texas in 1955.▼

Delegate warns Clinton about gay rights stance

by Guy Coates

Associated Press Writer

(AP) - District Attorney Morgan Goudeau of Opelousas says Bill Clinton should disregard some of what was said at the Democratic National Convention about pro-choice and gay rights.

Still other Louisiana delegates at the just-ended convention said the party's presidential nominee must show that he's sympathetic to Louisiana to motivate voters.

"Governor Clinton is going to have to stay away from some of the things I've heard here this week, that you can do anything you want with your body, that we stand for gay and lesbian rights," Goudeau said. "That's not good in my area."

"We're a heavy mix of both Catholic and Protestant who don't believe that way. We should have separation of church and state but religion gets involved when you have groups trying to impose their personal beliefs on everybody."

Insurance Commissioner Jim Brown said polls will show that Clinton can carry Louisiana, but

many people may not be inspired to vote on election day. "Clinton must provide that motivation. He's got to have a strong economic message in a state that has the second-highest level of poverty in the nation," he said.

State Sen. James David Cain of Dry Creek said Clinton must convince voters he's part of a great change, "that life won't be like it has for the last four years."

"But with two young, intelligent Southerners on the ticket, if they can't carry Louisiana, Democrats never will. I've been to other conventions and this is the first time I feel confident. No one got excited about Dukakis. And Mondale? His name sounds like the name of a pill."

Baton Rouge attorney Ken Duncan said Clinton and Al Gore must get the message across that Louisiana won't be forgotten, "and not turn a blind eye, a cold shoulder as the GOP did when Louisiana suffered an oil and gas bust. The Republicans refused to help. The bust was more of a catastrophe than a hurricane."▼

Petition to overturn gay rights legislation

(AP) — A petition to reverse Springfield's new anti-gay rights law has about three-quarters of the signatures needed to put it on the November ballot, a sponsor says.

The city's charter amendment, sponsored by the Oregon Citizens Alliance, prohibits the city from "promoting, encouraging or facilitating homosexuality."

United Springfield thought it had missed a July 22 deadline for submitting enough valid signatures to the City Council, but found out the deadline was inaccurate, said chief sponsor Jesse Maine. The group has until Aug. 10 to collect the rest of the 1,928 signatures, Maine said. So far, about 1,500 have been turned in. The group had set the July deadline to give the council 15 days to verify signatures before its last scheduled meeting in August. However, they now will ask for a special meeting later in the month because the council has until Sept. 3 to send measures to the ballot. ▼

Oregon anti-gay rights legislation

(AP) — A businessman has launched a campaign to eliminate an anti-gay ordinance passed last month that has drawn national attention.

Jesse Maine filed an initiative petition with the city recorder Tuesday, June 17, would repeal the charter amendment sponsored by the Oregon Citizens Alliance and approved May 19.

The OCA initiative, which passed by 55 percent to 45 percent, prohibits the city from "promoting, encouraging or facilitating homosexuality."

Maine said the replacement initiative would clarify the intent of many Springfield residents he believes voted for the OCA measure reluctantly.

"I've heard from about 50 people in the last week who voted 'yes' on the measure because they simply wanted to prevent homosexuals from getting special rights, and that's all they wanted," Maine said. "They didn't support the other implications of the measure."

Springfield civil rights activist John Martin

Jones, who attended a Tuesday news conference with Maine, said the way the OCA initiative was worded left voters with "no real alternative; it was either, do you franchise homosexuality or do you not?"

"I think this measure is worded a lot simpler," he said, "and doesn't allow for misinterpretation by extreme factions at either end."

Contacted Tuesday afternoon, June 16, at OCA headquarters in Wilsonville, spokesman Scott Lively described Maine's effort as "just pure sour grapes." He predicted the proposed replacement measure would fail if put on the November general election ballot.

"This latest effort is just another attempt by the liberals to get permission from voters to use tax money to promote homosexuality, and we will oppose it," Lively said.

Maine serves on the Springfield Planning Commission and has declared his candidacy for a seat on the City Council. ▼

Hollywood stars join Oregon's fight with fundraiser

(AP) — About 100 people attended a Hollywood fund-raiser to fight an anti-gay rights initiative on Oregon's ballot, a spokeswoman said July 21.

Celebrities Lily Tomlin, Deborah Winger, Roseanne Arnold and Tatum O'Neal were among those who joined the No on 9 campaign for the

gathering Sunday, said spokeswoman Sarah Stephens.

The group was known as Campaign for a Hate-Free Oregon, but changed its name after the measure was certified for the ballot last week.

The fund-raiser was at the Brentwood, Calif., home of John Burnam, agent for Portland film-

maker Gus Van Sant. Also attending were Faye Dunaway and River Phoenix, Stephens said.

Stephens said she didn't know how much money would be raised from the gathering. The group's goal was to raise \$25,000 to help defeat the Oregon Citizen's Alliance initiative, which goes before voters in November. ▼

The economic impact of the ordinance

(AP) — An opponent of the anti-gay-rights measure on Oregon's fall ballot says schools and government agencies would have to spend millions of dollars to meet its requirements.

But a supporter of Ballot Measure 9 claims it would result in less government spending because state and local funds couldn't be used to promote homosexuality.

The two testified Wednesday, August 29, before a state panel reviewing statements on the November ballot explaining the measure and its financial impact.

The measure, sponsored by the conservative Oregon Citizens Alliance, would bar schools and Oregon government from promoting or encouraging homosexuality, sadism, masochism and pedophilia.

According to the secretary of state's draft

financial statement, the measure would cost the state Department of Education \$210,000 to make curriculum changes.

But the measure could cost much more, said Ellen Lowe, a member of the "No on 9 Committee."

Lowe asked the panel to include the costs of reassigning employees, court challenges and the potential loss of federal money to public programs helping people infected with the AIDS virus.

Lowe said most of the cost would come from the measure's requirement that homosexuals and others targeted by the measure working directly with children must be reassigned to jobs of equal status and pay.

The requirement also could trigger realignment of jobs in public health clinics, alcohol- and drug-treatment programs, mental health agencies, the Children's Services Division and juvenile cor-

rections agencies.

"We recognize it's impossible to know how many positions will be affected," Lowe said.

Scott Lively, a spokesman for the OCA and a member of the No Special Rights Committee, said the measure won't require new funding.

Lively asked the panel to include a statement citing the committee's objection to the financial impact statement.

Lively said money would be saved because schools and local governments would be prohibited from conducting seminars on homophobia, publishing materials on issues relating to homosexuality or paying for speakers to talk to students.

Lively also argued the measure would bolster education on acquired immune deficiency syndrome to discourage risky sexual behavior. ▼

Former Air Force officer billed for education after her dismissal as a Lesbian

(AP)—Former Air Force Lt. Christine Traxler says it was bad enough losing her job when she revealed she is bisexual. She says it got worse when she was branded a security risk and stuck with an \$18,000 school bill.

"It's amazing to me the military still treats homosexuals like criminals," said Traxler, who received an honorable discharge in April. "One day, I'm doing a wonderful job. The next day, I can't be trusted."

Traxler, 26, told The Spokesman-Review in a story published July 19 that she was sick of the lie she was living and informed her commanding officer six months ago she was bisexual. She was branded a security risk, discharged and ordered to pay an \$18,000 bill for her Air Force Academy education.

Traxler, who served four years at Fairchild Air Force Base, is now working for the National Abortion Rights Action League in Spokane.

The military has a ban on homosexuals. At least six enlisted people have been discharged from Fairchild in the last three to four years because of homosexuality. And the Air Force doesn't count officers like Traxler who resign during homosexuality investigations to get honorable discharges.

Several days after Traxler's revelation, she received a letter from her commanding officer Lt. Col. Jeffrey H. Wenzel. He wrote that a special

security file had been created "based on your admission of being bisexual."

"The file takes away your authority for access to classified material and identifies you to proper authorities as being a risk factor in the interest of national security," Wenzel wrote.

Wenzel said Traxler could only resolve her situation after proving "your loyalty, reliability, or trustworthiness."

Yet the Department of Defense claims it no longer discharges gay men and lesbians for national security reasons. A 1991 defense department study said homosexuals were no more likely to be blackmailed into spying than heterosexuals.

Lt. Col. Charles Latimer, Judge Advocate General at Fairchild, said in some cases, homosexuals become security risks because they've lied when questioned about their sexuality during enlistment or security checks.

But Traxler said she didn't know she was bisexual when she agreed to serve five years in exchange for an Air Force education. And she doesn't remember being asked later.

At Fairchild, she figures few of the people she worked with at the satellite operations stations near the base knew she was bisexual, but she was worried that the brass would find out.

Then, a couple of years ago, a man she dated listened to a message on her answering machine

from Traxler's girlfriend. He began spreading rumors about Traxler.

By January, the rumors had died down and she was a couple of weeks from making captain. But she couldn't wait any longer.

"You get close to people and it's natural to want to talk about the things that are important to you, who you're seeing, things like that," Traxler said. "You can't always be on guard."

After watching other officers get out, she decided to do the same. "I thought I knew what to expect. I just wanted out."

She sat in an office for the next three months waiting for her resignation to be processed. But when she picked up her last paycheck, Traxler was told she owed more than \$18,000 for her education.

"The policy is that if an academy graduate doesn't complete their commitment, we try to get the money back for the taxpayers," said Sgt. Tammy Cournoyer, public information officer at the Military Personnel Center in Texas.

Traxler hasn't heard anything else about the money she owes, but she doesn't think it makes much sense. She served four years, never lied about her sexuality and cooperated at every turn.

"They're the ones who wanted me out," she said. "but I was being punished for getting out." ▼

Arizona Air Force Sergeant challenges military ban on national news show

(AP) — A homosexual flier stationed in Arizona declared himself on a nationally televised program Thursday, July 23, saying he did so to "assign a human face to the issue."

Staff Sgt. Tom Paniccia, a maintenance unit training manager with the 355th Logistics Support Squadron at Davis-Monthan Air Force Base at Tucson, said he expects the worst but hopes for the best as a result of his appearance on "Good Morning America."

"I'm hard-working, I try to do my job, and I'm proud to serve my country," said Paniccia.

In Tucson, base spokesman Staff Sgt. Jeff Pines said Lt. Col. Carl Garrison, Paniccia's com-

mander, would have no comment.

In Washington, Lt. Col. Catherine Roeder, an Air Force spokeswoman, said officials were aware of Paniccia but had only sketchy information.

Paniccia said he didn't tell his commanding officer of his plans in advance.

He could be relieved of his duties immediately or could be allowed to work pending a hearing on his military status. He said he expects to find out when he returns to Tucson on Friday, July 24.

"I disagree with the policy ... on excluding gays and lesbians from serving in the armed services," Paniccia said before his public announce-

ment. "I feel very strongly that it's important to assign a face to the issue."

Paniccia joins a handful of military personnel who have made similar announcements recently in hope of getting the country to review the issue and break down stereotypes about gays and lesbians.

"I hope to use my record, which I have been told is exemplary" to prove there is no basis for the ban, said Paniccia, chosen Non-commissioned Officer of the Year for his unit in 1988.

"I've worked very hard over the past 11 years. The Air Force is my home," Paniccia added. "It looks like I could be giving up something I love. But some things are worth standing up for." ▼

Minnesota Guard captain challenges ban

(AP) — A decorated Minnesota Army National Guard captain has told guard officials she is a lesbian, saying she wants to challenge the policy that prohibits homosexuals from serving in the U.S. military.

"I am very proud of my unit. I love my unit. But I'm upset about a policy that says I'm not capable because I choose to love a woman," Capt. Pamela Mindt told the Star Tribune of Minneapolis.

Mindt, 33, is a 15-year veteran of the reserves and has received 11 commendation medals during her career. She told her commanding officer in July that she is a lesbian, knowing it probably would mean losing the part-time job she loves.

As a civilian, Mindt is coordinator of the sex-offender program for the Minnesota Department of Corrections. Corrections Commissioner Orville Pung said her sexual orientation in that job is not an issue.

Mindt, who serves with the 204th Medical Battalion headquartered in Cottage Grove, said she decided to challenge the military policy after Col. Margarethe Cammermeyer, the decorated chief nurse of the National Guard, was dismissed in June because she is a lesbian.

"Something broke inside, and I said, 'I've had it.' She decided to become the first such test case in Minnesota.

"I've had this slow burn for quite some time, and it just got ignited. I think all along I'd been

pretty unhappy that I'd been closeted. Because I don't closet well. I'm a person of integrity, and it's hard for me to be silent," Mindt said.

"They need to learn we're very capable, we're very professional and we're dedicated to this country. ... They'd better know that we're everywhere. And if they want to get rid of gays and lesbians, they'd better get rid of the military," she said.

She wants the policy to change, and she believes that will happen only if people like her go public.

Mindt has taken on the military before. After she was raped by an officer at the Army Reserve base in Lincoln, Neb., she reported the assault and went through what she says was a humiliating military hearing in which her character was constantly in question.

The criminal charges were dropped, and the man was allowed to retire with a pension, though he was barred from re-enlistment.

Mindt then sued the sergeant in civil court and was awarded \$60,000 award by a jury. She moved to Minnesota following that incident.

The veteran reservist says she has seen rapists in the military, and she has read about scandals such as the recent Tailhook episode, in which 26 women were sexually harassed or assaulted by a group of naval aviators at a convention in Las Vegas.

In that light, she finds it ironic that she's the one being investigated. She is not a rapist; she

counsels them. And she is not a harasser; she counsels harassment victims.

Even those who are processing her discharge seem to agree that Mindt has been an outstanding officer. Commanders around the state say her work is critical to their units. She provides mental health counseling to troops in Minnesota, Iowa and Illinois.

"She is excellent," said Lt. Col. Gregory Angstman, Mindt's commanding officer and the man who initiated the investigation against her. "Pam has provided just outstanding social work support to the National Guard. I've had no questions about her abilities to perform for the military or her commitment to provide mental health support to the National Guard."

But Angstman said there is nothing he can do. The U.S. military has excluded homosexuals for more than 50 years.

"It's not my responsibility to set the policies of the military," he said. "It's my responsibility to follow the policies."

Under the policy against homosexuality, an average of about 1,500 men and women were discharged annually from 1980 to 1990 — a total of 16,919.

If she is discharged, Mindt says she plans to sue in federal court.

"I love the military," she said. "But it saddens me to think I'm a member of an organization that would get rid of me because I love a woman." ▼

Gay Bush-Quayle staffer claims he was forced out

by Anastasia Benshoff
Associated Press Writer

(AP) — A homosexual former worker for the Bush-Quayle campaign has filed a discrimination complaint alleging he was forced out of his job because of his sexual orientation.

Campaign officials dispute the account of the worker, Tyler Franz, saying he was asked to move to a less-visible position because of complaints that he was being rude to people and not because he was homosexual.

Franz filed a complaint with the District of Columbia's Office of Human Rights on Wednesday, July 22, alleging that he was demoted and pressured to resign in violation of a district law that prohibits denying a person a job based on sexual orientation.

"I believe my rights have been violated. I'm an openly gay man, I have been for many years. I was

forced out of my job because of it," Franz said Wednesday night on ABC-TV's "Nightline." The Wall Street Journal also published an account of his story today.

Franz, who joined the campaign last January to manage an information resource center, said he was notified on July 14 by personnel director Tom Harvey that he was being moved. Franz said Harvey told him the campaign's director of voter outreach wanted him out because of "ideological differences with the religious right."

The Bush-Quayle campaign's deputy press secretary, Tony Mitchell, said today that Franz's homosexuality "had absolutely nothing to do" with the plan to change his job.

"The job that he had was very full and very stressful," Mitchell said. "We had received a number of reports that he had been rude in his interpersonal dealings. But we felt he had something to

contribute so we thought we'd put him in a different slot. ... We would not take any personnel action based on one's race, religion or sexual orientation."

Franz was offered another position as assistant to building services. He said a full explanation of the position's duties was not given and he considered it a demotion, though he was to be given a raise in pay. Franz said he had met with Robert Mosbacher, the Bush-Quayle campaign's general chairman, on June 12 to discuss what he called "anti-gay rhetoric" in the campaign. He said Mosbacher "expressed concern and sympathy at the time but has come across as weak and ineffective" in doing anything about it.

Vice President Dan Quayle told interviewer Larry King on CNN, "We stand firmly for non-discrimination. We have a policy of non-discrimination, and the president just won't tolerate discrimination of any sort." ▼

Lawyers outline their defense for ousted flier

by Kim I. Mills

Associated Press Writer

(AP) — Lawyers for a gay aviator facing expulsion from the Naval Reserve said Wednesday they will argue that the secretary of the Navy has the right to retain a homosexual officer, despite the Pentagon's ban on gays in uniform.

Lead attorney Patrick Lee and the aviator, Lt. j.g. Tracy Thorne, outlined the defense they will present Thursday before a board of inquiry at the Oceana Naval Air Station in Virginia Beach, Va.

In June, a similar board voted 3-0 to recommend an honorable discharge for a California sailor, Petty Officer Keith Meinhold, who came out on national TV.

Thorne, 25, a bombardier-navigator, has been grounded at Oceana since May, when he went on ABC-TV's "Nightline" to reveal his homosexuality and challenge the Pentagon's policy.

"The ban on military service by homosexuals is not a military failure, it's not a U.S. Navy failure, it is a political failure by the civilian leadership in this country," Lee said at a news conference. "More honestly, it is a societal failure on the part of us all."

The first point Thorne's lawyers plan to make Thursday is that Secretary of the Navy Instruction

1920.6A states that the secretary may retain a gay officer, even if a board of inquiry recommends discharge.

"The circumstances under which the secretary of the Navy can exercise that discretion to retain a homosexual officer are these: where the asserted justification for the policy has not been demonstrated to apply to the particular officer in the case; secondly, where that officer has a commendable record; and third, where it is in the public interest to retain that officer," Lee said. "Lt. Thorne meets all of these requirements for exercise of discretion by the secretary of the Navy."

Lee said he believed this line of defense has not been used before.

Indeed, most of the 17,000 servicemen and women who discharged between 1980 and 1990 for homosexuality have not been commissioned officers, according to a General Accounting Office study released last month. The Navy, which comprises 27 percent of the armed forces, accounted for 51 percent of those discharges.

Lt. Donald Thomas, a Navy spokesman at the Pentagon, said he'd never heard of the secretary exercising his discretion to retain a gay officer despite a finding of homosexuality.

"To my knowledge there is no precedent of any secretary of the Navy asking for a waiver against (the Department of Defense) policy concerning homosexuals," Thomas said.

But Lee said the Pentagon misunderstood the issue. "We're not talking about waiver. This is what the regulations require of the secretary," Lee said.

Lee read a number of commendations Thorne has received since joining the Navy in 1989. He said he would use those citations Thursday to prove Thorne is a superior officer.

As for the public interest, Lee said it has cost taxpayers more than \$2 million to train Thorne.

"In addition, it's in the public interest because the public is willing to accept homosexuals in the service," Lee said.

He cited a 1991 poll which found 80 percent of the public opposed discharging people from the military simply because they are homosexual.

Thorne ridiculed the Pentagon's blanket assertion that homosexuality is incompatible with military service because it undermines morale and discipline.

"By stigmatizing and discrediting gays, by building on stereotypes, that's how they are breaking down unity," Thorne said. "If it wasn't for the policy and its enforcement, education and equality would destroy any remaining barriers to gays in the service."

Thorne also said he had asked for a special hearing — called a Captain's Mast — with President Bush to present his case.

"I want him to tell me why I am not as qualified as the aviators from the Tailhook gantlet," Thorne said, referring to a group of aviators who manhandled women civilians and female officers at a convention last year. "Some of them may be flying this very moment." ▼

What's the younger generation coming to?

The Young Adult Group at the Atlanta Gay Center!

Every Thursday night at 6:30 p.m., dozens of young men and women, ages 14-24, from varied ethnic and economic backgrounds, gather at the Atlanta Gay Center, 63 Twelfth Street, in Atlanta. They talk about the problems and promise of being young and gay or lesbian, they hear informative programs about issues and concerns of gay life, and they get a chance to socialize with others. For many, it's an opportunity not only to find but to offer support. Young Adult Group members serve on the Atlanta Gay Center's Board of Directors and take part in the varied programs and volunteer activities the Center sponsors. For information call 876-5372.



THE
ATLANTA
GAY
CENTER INC.

Atlanta Chapter
Gay, Lesbian & Bisexual
Veterans of America
P.O. Box 512
Duluth, GA 30136
(404) 623-4099

Lt. Tracey Thorne is discharged by Navy

by Joe Taylor

Associated Press Writer

(AP) — A Navy flier who lost a challenge of the military's ban on homosexuals didn't flinch when a passing motorist shouted an anti-gay epithet at him.

The name-calling came just moments after a board of inquiry at Oceana Naval Air Station voted 3-0 to recommend an honorable discharge for Lt. j.g. Tracy Thorne.

Thorne, 25, who appeared not to notice the insult, said he was disappointed with the ruling but would fight on.

"Everybody eventually reaches a personal

level of comfort about their sexuality," he said. "I was tired of lying to myself and lying to everybody else."

Thorne said he plans to appeal to the secretary of the Navy, and, failing that, take the matter to federal court. Acting Navy Secretary Sean O'Keefe has declined to comment on Thorne's case while it is pending.

No reason for the decision was given, but Navy regulations call for a discharge when someone admits to homosexuality. The Defense Department says homosexuality is incompatible with military service because it undermines morale and discipline.

The board's decision must be reviewed by Rear Adm. Paul W. Parcells, who heads the Navy's Atlantic Fleet air forces, before it is sent to the Bureau of Naval Personnel.

Thorne, a navigator on A-6 bombers, has been grounded since May 19 when he revealed on national television that he is gay.

Thorne told the board of inquiry's three officers, who also are aviators, that he was just like them, someone "who wants to serve his country."

"But all you want to know is whether I'm a homosexual," he said.

In a 15-minute closing statement, Thorne said he did what an officer and a gentleman is supposed to do — tell the truth — when he announced his homosexuality. "I am not a sexual predator with some sort of hormonal imbalance," Thorne said.

Thorne's father, Roscoe Thorne, told the panel he had come to realize that America's strength lies in the diversity of its people.

"I wish I could be as good a man as Tracy Thorne is," said the elder Thorne, a surgeon in Lake Worth, Fla.

Capt. Julie L. Tinker, the attorney who presented the Navy's case, said Thorne realized the consequences of his action when he went public. She said the honorable discharge is a policy, not a penalty.

Last month, a similar board voted 3-0 to recommend an honorable discharge for a California sailor, Petty Officer Keith Meinhold, who also revealed his homosexuality on national television.

On Thursday, July 23, Air Force Sgt. Tom Paniccia, stationed in Tucson, Ariz., raised another challenge to the military's policy, proclaiming his homosexuality on ABC's "Good Morning America."▼

Navy Secretary will not overrule the discharge of Thorne

(AP) — Acting Navy Secretary Sean O'Keefe said he will go along with the Navy's recommendation to discharge a flier who is an acknowledged homosexual, adding that he's isn't sure he has the authority to do otherwise.

"The Department of Defense policy on this matter is quite clear," O'Keefe said Tuesday, July 28. "We (the Navy) are one element of the Department of Defense, and I intend to adhere to the Department of Defense policy."

O'Keefe, a New Orleans native, is in the city this week for briefings on Naval and Marine reserve operations here.

A Navy board of inquiry recently rejected Lt. Tracy Thorne's plea to stay in the service after he challenged the military's ban on homosexuals. The board recommended that Thorne receive an honorable discharge.

The policy reflects the military's position that homosexuality is "inconsistent with the military lifestyle, given the way people have to live in close quarters," O'Keefe said.

O'Keefe, the son of a retired Navy officer but with no military service himself, was chosen last month to replace H. Lawrence Garrett III, who resigned following the Navy's Tailhook scandal.

Twenty-six Navy women alleged that they were molested by aviators attending the 1991 convention of the Tailhook Association, a group of retired and active-duty Navy pilots.

O'Keefe said that ridding the Navy of sexual harassment is a long-term fight that will require "a generational as well as cultural attitude change."

"There is no Hail Mary pass on this. It's three yards and a cloud of dust," he said.▼

Picked Up Your Copy Yet?

The Atlanta Community Yellow Pages

Get your copy on your next visit to The Atlanta Gay Center

Vatican letter encourages discrimination

by David Briggs

Associated Press Writer

(AP) — Gay activists responded angrily to a Vatican letter telling U.S. Catholic leaders that some measures discriminating against homosexuals promote the common good.

"The fact that a church with a history of social responsibility would use gay and lesbian people as the point where civil rights end is an outrage," said Peri Jude Radecic, deputy director of the National Gay and Lesbian Task Force in Washington.

In a letter, the Congregation for the Doctrine of the Faith urged the nation's Roman Catholic bishops to fight legislation that would outlaw discrimination against homosexuals who want to adopt children, become teachers or coaches, or join the military.

The organization reaffirmed its stand that homosexuality is an objective disorder. It said discrimination on the basis of sexual orientation, even if the church is exempted from such laws, can protect the common good.

"The church has the responsibility to promote the public morality of the entire civil society on the basis of fundamental moral values," the Vatican said in the letter sent two weeks ago to leaders of the 55 million-member U.S. church.

The Vatican congregation, which had issued guidelines in 1986 on pastoral care of homosexuals, said its recent recommendations were prompted by a flurry of proposed homosexual-rights laws in the United States.

In several cities and states, debates have been continuing over how far to extend homosexual rights. Ballot measures are pending in several states.

Among other recent examples:

—The Utah Legislature this year left out crimes against homosexuals from a hate-crimes bill after some lawmakers said it would legitimize homosexual relationships.

—In 1991, California Gov. Pete Wilson vetoed a bill that would have outlawed job discrimination based on sexual orientation.

—A Vermont law went into effect July 1 prohibiting discrimination on the basis of sexual orientation in hiring, finances and housing.

—Private groups such as the Boy Scouts of America have been challenged for banning gay leaders.

U.S. bishops generally have been less stringent than the Vatican in opposing homosexuality. In a 1990 document on sexuality, the bishops voted to reduce to a footnote the Vatican's 1986 declaration that homosexuality is an objective disorder, and added a line that it isn't sinful.

Polls also suggest a divided attitude in Catholic Church pews. In a recent Gallup poll, 48 percent rejected homosexual relationships as morally unacceptable; 46 percent found them acceptable.

"I'm not sure that this document is going to be helpful," said Lisa Sowle Cahill, a Catholic moral theologian at Boston College.

American Catholic bishops seem to be trying

to find ways to enhance their ministry to homosexuals, while the Vatican's primary agenda is upholding heterosexual marriage "as the epitome of human sexual expression," she said Friday, July 17.

The Vatican letter deplores "violent malice" against homosexuals in speech or action, and says homosexuals have some rights to work and housing.

But the document also states the rights aren't absolute, and that sexual orientation shouldn't be compared to race, sex or age as legitimate concerns for legal protection against discrimination.

"Although the particular inclination of the homosexual person is not a sin, it is a more or less strong tendency ordered toward an intrinsic moral evil; and thus the inclination itself must be seen as an objective disorder," the Vatican said.

The document specifically says sexual orientation may be taken into account "in the consignment of children to adoption or foster care, in employment of teachers or coaches and in military recruitment."

Some U.S. bishops have been outspoken. Cardinal James A. Hickey of Washington opposed a law passed by the D.C. Council earlier this year allowing unmarried city employees to obtain health insurance for their "domestic partners."

But the head of the Roman Catholic Church in Hawaii, Bishop Joseph Ferrario, said through a spokesman Thursday, July 16, that homosexuals have the same rights as everyone else. ▼

Seattle Archbishop opposes Vatican letter

(AP) — A Vatican letter opposing laws to protect homosexuals' civil rights is simply an internal memo to U.S. bishops, Catholic Archbishop Thomas J. Murphy said.

"The Catholic Church recognizes and affirms the God-given human dignity and value of homosexual persons," Murphy said in a statement Monday, July 20.

Murphy noted the letter from the Congregation for the Doctrine of the Faith did not carry the name of the pope or any Vatican official.

"The questions it raises will undoubtedly be discussed by the American bishops," he said, adding, "The Archdiocese of Seattle continues its commitment to provide compassionate pastoral care to homosexual persons. It will also oppose any harassment, prejudice and discrimination against

any member of the human family."

Gay activists were angered by the document, which the Vatican said the bishops should consider in responding to proposed homosexual rights laws.

John McCoy, a spokesman for the Seattle archdiocese, said the memo was a suggestion, not an order to bishops.

"Our church tries to heal and bring together, not hurt and divide," McCoy said.

Parishioners at St. Joseph Church in Seattle prayed against the letter. A congregation of more than 100 attended services Sunday night at the Catholic church in the Capitol Hill neighborhood, which has a sizeable homosexual population.

About 15 people offered "prayers of petition" against the Vatican document.

The Rev. C. Vincent Peterson, who con-

ducted the services and Mass, said of the statement, "I would apologize if I could."

"We have been blessed with a leadership which supports gays and lesbians," Peterson said. "How can we feel hospitality in our church if that is the response to us?"

Seattle was one of only five cities in which Catholic archdioceses decided to provide an outreach ministry for gay men and lesbians, said Pat Roche, a former national president of Dignity, a religious caucus for gay and lesbian Catholics.

The Vatican's new statement says that sexual orientation "does not constitute a quality comparable to race, ethnic background, etc. in respect to non-discrimination."

Gay and lesbian Catholics say this ostensibly strips them of civil rights in the eyes of the church. ▼

Kentucky clergy support local bishop for saying mass for lesbians and gay men

(AP) — Local clergy defended Bishop William Hughes for saying Mass before an audience of gays and lesbians, saying he preached a "message of healing and love" without deviating from church doctrine.

The Covington bishop's action was criticized by a conservative Catholic newspaper, The Wanderer, which called for his resignation this spring.

The Catholic church teaches that homosexual acts are sinful.

Hughes said it was his duty to attend the Third National Symposium of Lesbian and Gay People this spring.

He headed a committee of the National Council of Catholic Bishops that developed the church's first statement on AIDS.

Local clergy agree and expressed their support in a letter to the Covington diocesan newspaper, Messenger.

"The Priest Council met on June 18 and wishes to go on record as expressing dismay at the

publicity given by our secular press to an attack on our bishop, William A. Hughes...." the letter from the Presbyteral Council said.

"We issue this statement not to defend Bishop Hughes' pastoral concern for gay people, because it needs no defense, but to assert our unity as priests with him as our bishop in attempting to proclaim Christ's message of healing and love to all men and women everywhere."

Presbyteral Council Chairman Monsignor John F. Murphy said all the attacks are groundless.

"The idea that he was teaching anything contrary to what the church is teaching is ridiculous," Murphy said. "... He went there to let people know that regardless of the circumstances people find themselves in they are not outside of God's love."

The Rev. Tom Sacksteder, a spokesman for the bishop, said he has received more than 200 letters of support from across the country since early April. ▼

MCC supports lesbian for chaplain

by Jean Pagel

Associated Press Writer

(AP) — The founder of the Metropolitan Community Churches says it's going to be tough to convince the Pentagon to accept a lesbian as a military chaplain.

The Universal Fellowship of Metropolitan Community Churches has submitted the name of the Rev. Carolyn Pruitt, 45, of Long Beach, Calif., for consideration as a military chaplain.

The Rev. Troy Perry, the church founder, conceded after an afternoon news conference Thursday, July 2, that it will be difficult for the Pentagon to approve Ms. Pruitt for a chaplaincy, inasmuch as she was dismissed from the Army in 1986 for "moral dereliction."

She served six years active service in the Army and nine years in the reserves.

"I'm sure they would view that with some chagrin because of the military's stand on homosexuality," Perry said. "(But) having a chaplain open to gays and lesbians would make all the sense in the world for all the gays and lesbians in the military."

Homosexuals in the military need special religious guidance because they sometimes become depressed or even suicidal coming to terms with their sexuality, Perry said. A chaplain like Ms.

Pruitt could minister to everyone, he said.

"We need to be there for the spiritual needs of any GI who walks in the room and seeks any kind of religious help. I don't see it as any more a problem than a married couple going before a celibate priest."

The Metropolitan Community Church also asked that the Pentagon drop its policy banning homosexuals from the military. The 9th District Court of Appeals in San Francisco recently ruled the Army must prove that lesbians and gays have a detrimental effect on the armed services, Perry said.

"If you have ministerial skills, you are able to apply them across the spectrum," Ms. Pruitt said. "Ministry is not sexually-oriented. ... The application is consistent with the desire of my heart to be a chaplain and in the military."

The Armed Forces Chaplains Board in Washington, D.C., a division of the Pentagon, did not return a phone call from The Associated Press.

The announcement of the church's application for a chaplaincy for Ms. Pruitt was made in Dallas in advance of a rally this weekend honoring current and former gay and lesbian members of the military. The Universal Fellowship of Metropolitan Community Churches is a denomination with 27,000 members, Perry said. ▼

New Mexico responds to Vatican letter

(AP) — New Mexico Lesbian and Gay Alliance president Neil Isbin says he's disturbed that a religious group founded on the concepts of peace and justice would encourage discrimination against some people. Isbin said a letter issued by the Vatican last month reflects the attitude of the Roman Catholic Church that something is wrong with homosexual people.

"The Catholic Church really does not have a history of social tolerance, and in that aspect we would expect that kind of attitude, but we were hoping in this age its recommendations would begin to change," he said.

The Vatican statement described homosexuality as "an objective disorder" and compared it to mental illness. The statement urged church leaders to lobby against legislation that might encourage homosexual behavior and said it supports discrimination against homosexuals in the areas of public housing, family health benefits and hiring teachers, coaches and military personnel.

"The church has the responsibility to promote the public morality of the entire civil society on the basis of fundamental moral values," the statement said. The Vatican said its statement was prompted by proposed homosexual rights laws in the United States.

U.S. bishops have taken a more liberal attitude, categorizing homosexuality as wrong, but not sinful because it is "not freely chosen."

Dean Knickerbocker, president of Common Bond, a homosexual activist organization, called the statement disheartening. "At a time when the bashing of gays has quadrupled in the past few years, it really doesn't do much for social justice or for the civil rights issues, and it doesn't say much about the Christian attitude of the church," he said. "You can't separate bigotry from moral or legislative issues."

Archbishop Robert Sanchez of Santa Fe said the Vatican pronouncement asked legislators to be cautious with legislation, largely because of family values. Sanchez said the Vatican document doesn't change the church's support of individuals.

"Regardless of a person's sexual condition, the church has always upheld the dignity of every human being," he said. "This document simply addresses the legislation that could take place and it cautions about the type of legislation that might come forth, and whether that could be offensive and detrimental to family life is something the church is very concerned about." ▼

Much has changed since the Atlanta Gay Center began in 1976. What 2006 is like depends on you.

Back then, the symbol of our problems was Anita Bryant.

Stonewall was less than a decade past. There was nothing in the phone book under the "G" word. There wasn't even the meager protection of weak city ordinances and the halfhearted attention from politicians we have today.

And nobody had ever heard of AIDS.

We wish the history of the past 15 years were one of steady, irresistible progress; but that is not so. It has been a struggle---for dignity, for self-realization, for life itself.

These things cannot be achieved without your help. You can't help by sitting on the sidelines with a cocktail in your hand, lending moral support.

We need your time and your financial support.

In 15 years we have settled the question of whether the Atlanta Gay Center was a permanent institution. It is. What the next 15 years will settle is what level of services, and for whom, the Atlanta Gay Center will be able to provide.

The task before us is unlimited. How much of it gets done depends on you.

Spare Change?

The Atlanta Gay Center does a lot with a surprisingly small amount of money and a considerable amount of volunteer effort. But there are certain things all the volunteer help in the world won't do.

It won't take care of the rent or the lights or the water bill. It can't get *The News* printed. It can't take care of supplies we need to remain in operation. Volunteers may be ready to staff the Helpline, but they can't answer calls if the phone bill isn't paid. That's why money is important: it makes volunteer activities possible.

And although most Atlanta Gay Center programs are free of charge, participants always have an opportunity to make a contribution to the work of the Center. Last year, many visitors to the Center and its support activities contributed financially to make sure the Center will be there when they need it.

How about you?



THE
**ATLANTA
GAY
CENTER** INC.

THE LESBIAN/GAY ADVOCACY AND SERVICE
ORGANIZATION SINCE 1976

☐ Here's my tax-deductible contribution in the
amount of (Circle one)
\$10 \$20 \$50 \$100 \$_____

Name _____

Address _____

City _____ State _____ Zip _____